

# *Leach Animal Hospital*

## *Surgery Discharge Instructions*

Name \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Your Surgeon today was \_\_\_\_\_ Your Surgery Technician was \_\_\_\_\_

Please follow these instructions closely.

If you have any questions not answered here or if you feel your pet is not well, please call us immediately.

If you bring your pet home the day of their procedure, please follow these instructions:

Offer a small amount of water

Feed about 1/3 of your pet's normal meal. You can resume normal feeding tomorrow

### **SPECIAL INSTRUCTIONS**

#### *Medications*

\_\_\_ Medication was prescribed. Please start tonight/tomorrow (follow instructions on label)

#### *Activity Restrictions*

\_\_\_ Restrict activities for \_\_\_\_\_ days. No running, jumping, swimming, bathing, long walks, or rough playing.

\_\_\_ Walk on leash only for eliminations. Please do not leave pet unattended outside.

#### *Appointments*

\_\_\_ No recheck needed unless there are concerns

\_\_\_ Drain/Partial suture removal in \_\_\_ days (Technician appointment)

\_\_\_ Suture removal in \_\_\_ days (Technician appointment)

\_\_\_ Bandage inspection/change in \_\_\_ days (Doctor's appointment)

\_\_\_ Re-examination in \_\_\_ days (Doctor's appointment)

#### *Elizabethan Collar*

\_\_\_ Your pet was sent home with an E-collar. Please be sure to keep the protective collar on at all times.

#### *Special Diet*

\_\_\_ Please wet down food for \_\_\_ days to ease possible sensitivities from dental cleaning/extractions.

NOTE: Licking or scratching hinders healing. Keep incision dry!

Please check the incision twice daily for any signs of swelling or discharge.

If you notice any, please call the Hospital @ 508.477.3320

#### **Special Instructions**

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