

# Virginia Parkway Pet Hospital

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5080 Virginia Parkway • McKinney, Texas 75071

972-547-0434

Owner: Bates Pet: Bailey Procedure/Treatment: Rep. Lux pat back left Date: 1-12-11

## ACTIVITY AND EXERCISE

- Should have restricted activity and exercise for 8 wk days.
- No running, rough play, bathing, or swimming until sutures removed.
- Should be restricted to cage rest for the next \_\_\_\_\_ days.
- Place plastic bag over bandage when going out on wet grass.

## ANESTHESIA

- Keep on leash for 8 wks - No jumping
- Due to the use of anesthesia, your pet may experience some coughing due to the use of an endotracheal tube. This should resolve within several days. Your pet:
  - May be groggy for the next \_\_\_\_\_.
  - \_\_\_\_\_.

## FOOD AND

Due to your pet's treatment/procedure, please:  
 With hold food/water from your pet until 6 pm. Feed a small amount of your pet's regular diet at first. Wait about 30 minutes to make sure your pet is not nauseated before giving the rest of his/her regular evening meal.

## WATER

- Feed your pet his/her regular diet at the regularly scheduled time.
- Feed your pet multiple small meals \_\_\_\_\_ times daily for \_\_\_\_\_ days.
- \_\_\_\_\_.

## INCISION

- In the event a surgical procedure was performed on your pet, it is very important to discourage him/her from licking, chewing, or irritating the incision. Please check the area for any swelling, redness, or discharge and contact us immediately if you notice any of these symptoms.
- Sutures need to be removed 10-14 days from today.
  - Sutures are absorbable and do not need to be removed.
  - There are no sutures present.

## MEDICATIONS

- No medication is being dispensed. - use
- Medicine dispensed, please follow instructions printed on the prescription.
- A prescription has been called into \_\_\_\_\_ and can be picked up \_\_\_\_\_.

## APPOINTMENTS

- Follow-up appointments need to be made for the following:
- Suture removal in 10-14 days. Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - Bandage/Cast removal/changing in \_\_\_\_\_ days. Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - Re-check in 10-14 days. + start P.T. Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Please do not hesitate to contact us if you have any concerns or questions. If any of the following occur, please contact us immediately. If your pet:**

- ♦ Removes any of the sutures or has a discharge from the incision site.
- ♦ Refuses to eat or drink.
- ♦ Appears severely depressed at home.
- ♦ Experiences vomiting, diarrhea, or blood in the urine.
- ♦ Has difficulty breathing or repeatedly coughs.
- ♦ \_\_\_\_\_.

SPECIAL INSTRUCTIONS: \_\_\_\_\_