Good Shepherd Veterinary Hospital

101 Fox Trot Dr. Mars, PA 16046
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www.gsveterinaryhospital.com

Last Name: _____ Pet's Name: _____

Surgery Discharge

To insure a successful recovery for your pet, we recommend following these instructions:

1. Check your pet's incision daily. If there are missing stitches, swelling, redness, or discharge call us.
2. If your pet has any signs of illness (examples: vomiting or not eating), please notify our office.
3. Your pet should have small amounts of food and water throughout the first day home. A regular feeding schedule should be implemented thereafter.
4. Restrict your pet's activity until the sutures are removed. Leash walks only outside**.** No running, jumping, or stair climbing.
5. If your pet is normally kept outdoors, please shelter them in a clean, warm, and dry area.
6. Keep your pet's incision area clean and dry. Do not bathe your pet. Do not allow any licking, scratching or biting of the incision. If this occurs, call us immediately. **Use the E-collar when you are not able to give your pet your full attention**.

Your pet's progress is important to us. Please notify us if there are any questions regarding your pet's care or health.

I have read and understood the above instructions. I have seen my pet's incision and verify that sutures and incisions are intact. I understand that if my pet removes his/her stitches, I will be financially responsible for any follow-up.

_____ _____

Owner's signature Date

**Suture removal in 10-14 days on _____