

Hospital

(509) 335-0711

Place Label Here

Out-Patient Discharge Instructions

DATE: _____

VACCINATIONS

Your pet had the following vaccination(s) today:

- FVRCP
- FeLV
- Rabies
- DA₂PL + CPV
- CCV
- Bordatella
- Other: _____
- _____

We do not expect any adverse reactions.

Please contact our office if you observe any vomiting, diarrhea, sneezing, coughing, lethargy, or swelling at the injection site.

BANDAGES

- Place a plastic bag over bandage when going outside to keep clean & dry. Remove bag when pet is indoors.
- Remove bandage at home in _____ days.
- Set up appointment to change bandage on _____.
- Watch for any swelling around bandage site, especially swelling of the toes if they are exposed.

RECHECK

- Recheck in _____ days.
- Return in _____ days to have drain tube removed.
- Return in _____ days to have sutures removed.
- Other

WOUND CARE

- Please hot-pack infection site twice daily for _____ days.
- Clean area around wound with _____ time(s) daily.

OTHER

Authorized Signature

Student Signature

π No further instructions are necessary for this visit.

Authorized Signature

Student Signature