Discharge Instructions Template

Home care instructions for your pet

PATIENT NAME | VISIT DATE | VETERINARIAN

01 ABOUT TODAY'S VISIT

DIAGNOSIS / REASON FOR VISIT

PROCEDURES PERFORMED

02 MEDICATIONS

Give exactly as directed. Don't stop early unless we tell you to.

MEDICATION	WHAT IT'S FOR	HOW MUCH	HOW OFTEN	FOR HOW LONG	NEXT DOSE DUE

03 FEEDING

- [ ] Usual diet
- [ ] Small, frequent meals
- [ ] Prescription diet: _____
- [ ] No food until: _____

04 ACTIVITY

- [ ] Normal activity
- [ ] Leash walks only
- [ ] Strict rest / confinement
- [ ] No jumping, stairs, or rough play

RESTRICTIONS CONTINUE FOR

_____ days

05 INCISION & BANDAGE CARE

- [ ] Keep it clean and dry: no bathing or swimming
- [ ] Cone / e-collar on at all times
- [ ] Check it daily for redness, swelling, or discharge
- [ ] Bandage change on: _____

Call us right away if you notice any of these

Ticked items are the ones your veterinarian wants you to watch most closely.

- ☐ Trouble breathing or constant panting at rest
- ☐ Repeated vomiting or diarrhea
- ☐ Bleeding, swelling, or discharge from the incision
- ☐ Straining to urinate, or no urine
- ☐ Pale, blue, or gray gums
- ☐ Not eating for more than a day
- ☐ Weakness, collapse, or a seizure
- ☐ Pain that isn't controlled by the medication

OTHER NOTES FROM YOUR VETERINARIAN

06 HOME CHECK LOG

Jot down how the first week goes and bring it to your recheck

DAY	DATE	EATING	ENERGY	TOILET	INCISION / WOUND	MEDS AM	MEDS PM	NOTES
1								
2								
3								
4								
5								
6								
7								

07 FOLLOW-UP

RECHECK APPOINTMENT _____

SUTURE / STAPLE REMOVAL _____

LAB RESULTS EXPECTED _____

OUR CLINIC

Phone _____

AFTER-HOURS EMERGENCY CLINIC

Phone _____

× _____

INSTRUCTIONS RECEIVED BY (CLIENT) SIGNATURE

PRINTED NAME _____ DATE _____

× _____

DISCHARGED BY SIGNATURE

PRINTED NAME _____ DATE _____