



SURGICAL RECHECK DROP OFF

DATE: _____

PATIENT NAME: _____

CLIENT NAME: _____

REASON FOR DROP OFF (CIRCLE ONE): 8 WEEK RECHECK OTHER _____

ANY SPECIFIC **NEW** CONCERNS SINCE LAST VISIT WITH THE SURGEON? YES (IF YES, EXPLAIN BELOW) NO

IF THIS IS AN 8 WEEK POST-OP ORTHOPEDIC SURGERY RECHECK:

ANY RESIDUAL LIMPING? YES NO

COMMENTS: _____

BACK TO FULL MOBILITY? YES NO

COMMENTS: _____

HAVE YOU STARTED PHYSICAL THERAPY? YES NO N/A

HAS YOUR PET BEEN FASTED FOR SEDATED X-RAYS? YES NO

WHAT MEDICATIONS (IF ANY) IS YOUR PET RECEIVING (PLEASE LIST AND DO NOT SAY "IN FILE/AS PRESCRIBED") AND WHEN WAS LAST DOSE GIVEN? _____

PLEASE LIST A PHONE NUMBER THE SURGEON CAN REACH YOU AFTER THE RECHECK EXAM: _____

I UNDERSTAND THAT THERE ARE ALWAYS RISKS ASSOCIATED WITH SEDATION AND BY SIGNING (REQUIRED), I GIVE MY APPROVAL TO PROCEED: _____