

TPLO Surgery Recheck Examination

Patient name: _____

Breed: _____ Age: _____ yrs Sex: M F NM FS

Pet Owner's Name: _____

Date: _____

Patient history (client's report): please check or fill out the following questions

1. Time after surgery: _____ days
2. Which limb(s) were/was operated? Left hind Right hind
3. Amount of weight-bearing on the right hind limb at home? Nonweight-bearing Mild Moderate Near full Full
4. Amount of weight-bearing on the left hind limb at home? Full Near full Moderate Mild Nonweight-bearing
5. Progression of weight-bearing on operated limb since surgery: Improving Static Worsening
6. Does your pet cry out in pain? No Yes If yes state when and how often: _____
7. What worsens the lameness? Nothing Rest Exercise Weather change
8. Does your dog walk like he/she is drunk? No Yes
9. Is the affected limb sensitive or painful to touch? No Yes
10. Is the incision red or painful to touch? No Yes
11. Is there any discharge from the incision? No Yes
12. Does the incision appear to be healed? No Yes
13. Is your dog licking the incision? No Yes
14. Has your dog been continuously wearing the Elizabethan collar? No Yes
15. Do you give your pet nutritional supplements? Yes No
List: _____
16. Did your pet have any adverse reactions to the medications prescribed in the postop period (i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx, antibiotics, tramadol, etc)?
 No Yes
List adverse reactions and suspected medications causing signs: _____
17. Has your pet experienced any of the following in the postop period: Poor appetite
 Diarrhea Vomiting Coughing Skin rash Increased thirst Increased urination Urinary incontinence Urinary retention Fecal incontinence
 Ongoing issues: _____

Other comments: _____

The 2-week recheck is a telemedicine appointment. Please send the following to us via either your surgeon's cell phone in the form of a text message or to schedule.asc@gmail.com:

1. Please send a photo of the incision
2. Video clip of your dog walking (please have someone walk your dog as you make the video clip)
3. A copy of this completed form