Eight Week TPLO Surgery Recheck Examination

Patient na	ame:						
Breed:		Age:	yrs	Sex: M	F	NM	FS
Pet Owne	er's Name:						
Date:							
Patient hi	istory (client's report): ple	ase check or	fill out t	he followir	ng qu	ıestic	ons
1.		weeks_					
2.		perated? 🔲 I	eft hind	Right hi	nd		
3.	Amount of weight-bearing Moderate Near full		ind limb a	it home?] Non	weigl	nt-bearing
4.	Amount of weight-bearing on the left hind limb at home? Full Near full Moderate Mild Nonweight-bearing						
5.				nce surgery:		mpro	ving Static
6.	Does your pet cry out in pa	in? No [Yes	If yes state w	when a	and h	ow often:
7.	What worsens the lamenes	s? Nothin	g Res	st Exerc	eise	W	eather change
8.	Does your dog walk like he/she is drunk? No Yes Is the affected limb sensitive or painful to touch? No Yes						
9.							
	0. Is the incision red or painfu						
	1. Is there any discharge from						
12	2. Does the incision appear to	be healed?	No [Yes			
	3. Is your dog licking the inci			_			
	Has your dog been continuously wearing the Elizabethan collar? \(\subseteq \text{No} \subseteq \text{Yes} \)						
	. Do you give your pet nutritional supplements? Yes No						
	List:						
16	6. Did your pet have any adve	erse reactions	to the me	dications pre	escrib	ed in	the postop period
	(i.e. Rimadyl, Carprofen, M	Ietacam, Previ	icox, Dera	ımaxx, antib	iotics	s, tran	nadol, etc)?
	□ No □ Yes						
	List adverse reactions and s	suspected med	ications c	ausing signs			
17	Has your pet experienced a	iny of the follo	owing in t	he postop pe	eriod:	🔲 J	Poor appetite
	☐ Diarrhea ☐ Vomiting ☐ Coughing ☐ Skin rash ☐ Increased thirst ☐						
	urination Urinary inco	ntinence	Urinary	retention	Fe	cal ir	ncontinence
	Ongoing issues:						
0.1							
Other com	ments:						

The 8-week recheck is an in hospital appointment. Please send the above form to us via either your surgeon's cell phone in the form of a text message or to schedule.asc@gmail.com: