

Humane Alliance

A Program of the **ASPCA**

Recheck Intake Form

Date: _____

ID #: _____

Owner Name: _____

Owner Phone #: _____

Animal Name: _____

Dog

Cat

Female

Male

What date did your pet have surgery?

___ / ___ / ___

Why did you bring your pet here today?

My pet is (please check all that apply):

Eating

Drinking

Urinating

Defecating

Licking

Acting Normally

Lethargic

Hiding

Discharge Instructions (For Technician Use Only):

Medications:

Metacam

Cephalexin

Trazadone

Other

Activity level:

Strict confinement

Leash-walk only

Follow up:

As needed

_____ day(s)

_____ week(s)

Antibiotics

\$15.00

\$20.00

Pain Medication

\$15.00

E-Collar

\$10.00

Other _____

Paid with Cash

Paid with Check # _____

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Recheck Intake Form

Date: _____

ID #: _____

For Technician Use Only:

Initials: _____

Weight: _____

Temp: _____

MM: _____

CRT: _____

Noticeable Concerns:

For Veterinarian Use Only:

Was an additional recheck recommended? Yes No Date ___ / ___ / ___

DVM Signature: _____

Veterinarian Diagnoses

- | | |
|---|---|
| <input type="checkbox"/> Dehiscence/infection of incision | <input type="checkbox"/> Painful |
| <input type="checkbox"/> Fever of unknown origin | <input type="checkbox"/> Seroma |
| <input type="checkbox"/> GI upset (unknown cause) | <input type="checkbox"/> Suture reaction |
| <input type="checkbox"/> Hematoma | <input type="checkbox"/> Tracheal irritation/URI/"kennel cough" |
| <input type="checkbox"/> Inflammation at incision site | <input type="checkbox"/> WNL |
| <input type="checkbox"/> Ovarian remnant | <input type="checkbox"/> Other: _____ |

Technician Follow-up:

Date: ___ / ___ / ___

Spoke with Owner: Yes No

Results:
