



(Please read these instructions carefully. Initial, sign and date)

Pick up times: Dogs - 4:30pm-5:15pm Cats - 5:15pm-6:00pm

1. Your animal had a **surgical procedure today**, in which he/she received an injectable **pain medication** for. If you want your animal to continue to have a **comfortable pain free recovery**, please give the pain medication we prescribe as directed. If you have any concerns about the medication or your animal's recovery, call us immediately.
2. **Do Not** let your animal **lick or chew at their incision**. It is important that the incision stay clean and dry. If need be, your pet will have to wear an Elizabethan collar and the E-collar should extend past the animal's nose by several inches to prevent them from getting to the incision site.
 - a. I understand that if my animal licks, scratches, or causes abrasion at the incision site that this could result in another surgical procedure and prescription antibiotics for which I will be financially responsible. _____ (initial)
 - b. I will not hold the Fort Collins Cat Rescue & Spay/ Neuter Clinic responsible for the repercussions of my animal licking the incision site if I decline to purchase an E-collar. _____ (initial)
 - c. I understand that my animal will need to wear the E-collar at all times when I am unable to directly supervise him/her to prevent a potential infection. _____ (initial)
3. **If your** dog was neutered today, please place an **ice pack** wrapped in a washcloth on his scrotum for **5 minutes, twice daily for the first 3 days** following surgery. This will help to reduce the risk of a scrotal hematoma (swelling of his scrotum). If the swelling becomes large and painful **please call us immediately**.
4. **Monitor** the incision daily for the following: **swelling, discharge or redness** (inflammation). If you notice any of those signs please call us immediately. The sutures will dissolve over the next few weeks.
 - a. I understand that I am responsible for informing the Fort Collins Cat Rescue & Spay/Neuter clinic of any concerns regarding the incision site, and if I am unable to contact the Fort Collins Spay/Neuter Clinic for any post surgical concerns, I should seek medical attention for my animal from my regular veterinarian or a qualified emergency clinic. _____ (initial)
5. If your animal received any vaccinations today please watch for any signs of a vaccine reaction. These include but are not limited to; facial swelling, vomiting and/or diarrhea, focal swelling at site of injection, lethargy, and anorexia. Please call immediately if you are concerned.
6. **Restrict** your animals' activity for the next **7-10** days. No running, jumping, roughhousing with other animals, swimming or bathing. Avoid any activity that could potentially harm the incision. Short leash walks are fine.

- 7. Special feeding** tonight for your pet is best. Please give **half** of the normal amount of food for dinner. Your pet can return to their regular diet starting tomorrow. Allow access to water. If your animal is **6 months old or younger, you need to feed the normal amount of food and make sure they eat.** Young animals are predisposed to becoming hypoglycemic (low blood sugar), it is important to prevent this from happening as serious complications can arise from hypoglycemia.
- 8. Behavior** of your animal is critical to a good recovery. Please watch them closely. If they show any signs of concern such as: lethargy, decreased appetite, pain or other abnormal behavior, please do not hesitate to call. **It is your responsibility to ensure your animal recovers well from surgery.** Please adhere to these guidelines, as they are instructions for a healthy post-surgical recovery.
- a. I, the caretaker of the animal(s), understand that my animal(s) underwent a routine sterilization procedure, and with that procedure I am aware of the affects of anesthesia, restrictions due to surgery, and other potential incidents which the above guidelines address, and I will adhere to the above guidelines to ensure a healthy and safe recovery from this surgical operation. _____ (initial)
 - b. I understand the Fort Collins Cat Rescue & Spay/Neuter Clinics is not a full service veterinary clinic and if a procedure or post operative care is necessary for my animal which is outside the services of the Fort Collins Spay/Neuter Clinic, I will be responsible to seek medical attention for my animal at a full service veterinary clinic. _____ (initial)
 - c. Should I decline to receive post operative treatment from the Fort Collins Spay and Neuter Clinic due to financial or personal reasons, I will not hold the doctors or staff liable for post operative care received elsewhere at a later date. _____ (initial)

I have read and understand the post-operative take home instructions.

Signature of owner/authorized agent: _____ Date: _____
Printed Name: _____