

POST OPERATIVE EVALUATION

Animal # _____ Species _____ Date of Operation _____
 Pre-operative weight _____ (g or kg) Procedure _____

Date							
Day post-procedure							
Time							
*ANALGESIA							
EXTERNAL OBSERVATIONS							
Active?							
Inquisitive?							
Rough hair coat?							
Crusty red eyes?							
Eating?							
Drinking?							
Feces?							
Urine?							
PHYSICAL EXAMINATION							
** Rate & type of breathing?							
Normal gait/paralysis?							
Fecal/urine soiling of coat?							
Diarrhea?							
*** Dehydration?							
Bony/thin appearance?							
Vocalization?							
Body weight?							
% change from pre-op weight							
SUTURE/STAPLE LINE							
Wound edges red?							
Swelling around incision?							
Swelling under incision?							
Sutures/staples missing?							
Exudate from incision?							
Sutures/staples removed? (date)							
OBSERVER INITIALS							

- * **ANALGESIA (agent, dose, route, freq.)** _____
- ** N=normal, L=labored, R=rapid, S=shallow
- *** Gently pinch up a fold of skin. Skin of dehydrated animals will stay pinched

EMERGENCY CONTACT: NAME: _____

WORK PHONE: _____ **HOME PHONE:** _____ **PAGER:** _____