

# POST-SURGERY RECOVERY LOG

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Pet Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

Vet Contact: \_\_\_\_\_

Emergency #: \_\_\_\_\_

TIME	MEDICATION / TREATMENT	FOOD/WATER	BATHROOM	OBSERVATIONS (PAIN, SWELLING, MOOD)
8:00 AM				
12:00 PM				
4:00 PM				
8:00 PM				
Overnight				

## Daily Recovery Notes & Incision Site Check:

Contact your veterinarian immediately if you notice excessive bleeding, persistent vomiting, or extreme lethargy.