



VOST
SURGERY

Visiting Orthopaedic and Soft
Tissue Surgery

Discharge Sheet

Pet's Name _____

Procedure Performed _____

Name Of Surgeon _____

Medication

Drug	Dose	Frequency	When To Start	Duration

Follow up Appointments

Days after Surgery	Date	Time	Reason

Any other specific recommendations

Please see our website for further information on the surgery that your patient has had today.