

Place Label Here



Date: _____

**Veterinary Teaching Hospital
Out-Patient Discharge Instructions
(509) 335-0711**

CANINE:

Weight _____ **BCS** _____ /5

Your Dog had the following vaccination(s) today:

- | | |
|---|--|
| <input type="checkbox"/> DA2P (3 -Year) | <input type="checkbox"/> RABIES 1-Year |
| <input type="checkbox"/> DA2PP | <input type="checkbox"/> RABIES 3- Year |
| <input type="checkbox"/> DA2PPL | <input type="checkbox"/> Bordetella - Intranasal |
| <input type="checkbox"/> Leptospirosis | <input type="checkbox"/> Other _____ |

NEXT VACCINATION DUE: _____

****WE DO NOT EXPECT ANY ADVERSE REACTIONS.
PLEASE CONTACT OUR OFFICE IF YOU OBSERVE VOMITING, DIARRHEA, OR
SWELLING AT THE INJECTION SITE.****

PHYSICAL EXAM FINDINGS AND RECOMMENDATIONS:

FECAL:

- | | |
|--|---|
| <input type="checkbox"/> Negative | <input type="checkbox"/> Dewormed with _____. |
| <input type="checkbox"/> Positive _____. | <input type="checkbox"/> Deworm again in _____ weeks. |
| <input type="checkbox"/> Recheck fecal in _____ weeks. | |

DIETARY RECOMMENDATION:

OTHER:

Authorized Signature

Student Signature