

### Surgical Site Infection Report Card

**Veterinary Surgeon** .....

**Veterinary Practice** .....  
 .....

**Patient Name** .....

**Breed** .....

**Sex** ME MN FE FN

**Surgical procedure** .....  
 .....

**Date infection noted** .....

**Site of SSI** Superficial incisional layer   
 Deep incisional layer   
 Organ/body cavity space  (Please detail).....  
 .....

**Diagnosis** Pain/swelling/erythema   
 Purulent discharge/abscess   
 Culture of organism  (Please detail).....  
 .....

**Treatment used (if any)** .....  
 .....

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