CURRENT MEDICATIONS • DIET • VACCINATIONS

PATIENT NAME _____ DATE _____

CURRENT DIET _____

PLEASE WRITE THE DAY, DATE, AND TIME YOUR PET LAST ATE ANY FOOD/TREATS _____

DOES YOUR PET HAVE ANY ADVERSE (BAD) REACTIONS TO ANY MEDICATIONS? _____

NAMES/DATES OF ALL VACCINATIONS (within 1 year) _____

List all prescription or over-the-counter medications and/or nutritional supplements you are currently giving to your pet (including heartworm prevention and flea control). This is vital to the proper management of your pet's medical condition. Even if you are here for a recheck visit, please take a moment to provide the doctors with this important information so that we are all "on the same page".

NAME OF MEDICATION	STRENGTH mg/tablet or capsule; mg/ml or cc if liquid	DOSAGE (How much do you give and how many times daily or every other day, etc.)