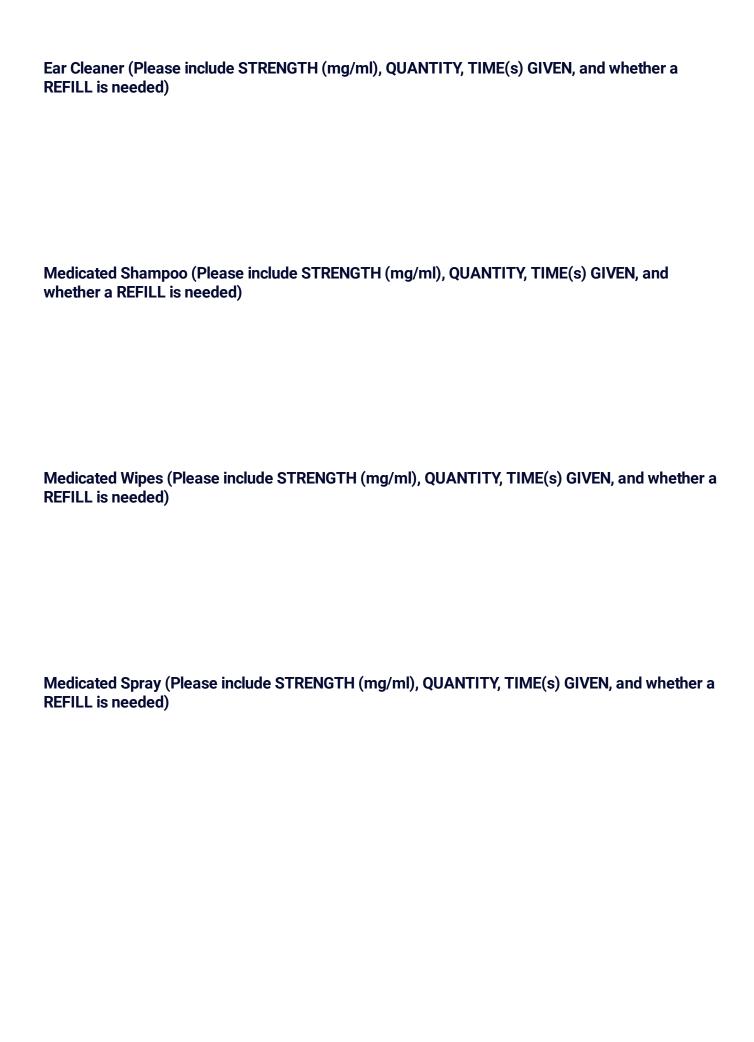
Dermatology Medication Form

Name *
First Name Last Name
Email *
example@example.com
Pet's name *
A complete list of medications your pet is receiving is very important. Please assist us in helping your pet by completing the form below. For all medications please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed.
Apoquel (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)
Prednisone/Prednisolone/Medrol (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)

Cytopoint Injection (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)
Atopica/Cyclosporine (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)
Allergy Shots/Oral Drops (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)
Soloxine (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)

Antibiotics ex: Clavamox, cephalexin, amoxicillin, Baytril, doxycycline (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)
Deramaxx/Rimadyl/Metacam (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)
Vitamins/Supplements (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)
Ear Medication (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)



Medicated Ointment (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)
Heartworm Prevention (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)
Flea/Tick Prevention (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)
Diet