

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)

Ear Cleaner (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)

Medicated Shampoo (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)

Medicated Wipes (Please include STRENGTH (mg/ml), QUANTITY, TIME(s) GIVEN, and whether a REFILL is needed)

Medicated Spray (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