

<b>Last Name:</b>	<b>First Name:</b>	<b>Phone:</b>	<b>2<sup>nd</sup> Phone:</b>		
<b>Name:</b>	<b>Breed:</b>	<b>Sex M or F</b>	<b>Spay/Neutered</b>	<b>Description/Color Weight</b>	<b>Age:</b>

**OFFICE USE**

EXAM (YES/NO)

WEIGHT \_\_\_\_\_

RABIES VACCINCE ONLY (1YR/3YR)

ALLERGY SHOT-

DEX-

VETALOG-

PENICILLIN-

**PERScription MEDICATION REFILL ONLY**

TYPE:

AMOUNT:

TYPE:

AMOUNT:

TYPE:

AMOUNT::

**FLEA TICK HEARTWORM MEDS ONLY**

TYPE:

HOW TO USE:

**SPECIES (DOG/CAT)**

**S/O**

TEMP:

MM:

HR:

RR:

HYDRATION:

OTHER FINDINGS:

EARS

**A/P HEALTHY**

**SICK [NO VACCINE]**

RV(1YR/3YR)

DA2PPV

A/DD#

LEPTO

KC(1YR) IN / INJ

HWT(POS/NEG)

INFLUENZA

RX

FRCP

FELV/FIV \_\_\_/\_\_\_

LEUKEMIA WORM STRONGID PO DOSE ml

PRAZIQUANTEL SQ DOSE ml

HTWORM MEDS EXTRA LABEL IVERM1% PO Q1M

HTGARD PLUS QT 6 / 12 B G BR ONE PO Q1M

SENTINEL G BR 6/ 12 1T PO Q1M.

REVOLUT L/ADV L DROPS TOP Q1M

TRIFEXIS L PO Q1M QT .NEXGARD L M PO Q1M QT .

RDVM OR SPECIALIST IF NO IMPROVEMENT

HOUSSAM MARSELI

DATE