

Lombard Animal Hospital

CURRENT MEDICATIONS

(PLEASE FILL OUT THE BEST YOU CAN!)

FLEA/TICK CONTROL: YES, PRODUCT: _____ DATE _____
NO ___

HEARTWORM PREVENTATIVE: YES, PRODUCT: _____ DATE _____
NO ___

SUPPLEMENTS: NONE ___ YES ___, PLEASE LIST: _____

PRESCRIPTION MEDICATIONS

NAME	LAST GIVEN	OTHER INFO
1.		
2.		
3.		
4.		

ANY OTHER MEDICATIONS, INCLUDING OVER THE COUNTER:

CURRENT DIET

FORMULA	BRAND NAME(S)	AMOUNT/DAY	DOES PET LIKE IT?
1. DRY			
2. CANNED			
3. TREATS			
4. OTHER			

TODAY'S DATE: _____ Last time pet ate: _____

THANK YOU FOR TAKING THE TIME TO FILL THIS OUT. IT WILL
HELP US TO PROVIDE THE BEST WELLNESS PLAN FOR YOUR PET
... THE LOMBARD TEAM