113 Edds Lane, Sterling, VA 20165
Phone: (703) 444-1666; Fax: (703) 444-1404
E-mail: countryside@nvanet.com
Website: www.countrysidedvm.com

CURRENT MEDICATIONS

Pet Name:_____ Last Name:_____ Date:_____

Current Diet:_____ Amount Fed & Frequency:_____

Please list ALL medications your pet takes on a regular basis, including the dose and frequency. Please include all preventatives (Heartworm/ Flea & Tick) and supplements.

Name of Medication	Strength	Amount given per dose	How often is medication given? (see key below)	When was last dose given?	Estimate of how long you've been giving this medication

KEY:

-Every 8 hours = TID
-Every 12 hours = BID
-Once per day = SID
-Every other day = EOD

OR

-Other (please specify)
Example: once every 3 days, once per week, once per month, as needed, etc.