

Owner's Name: _____

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. Please fill in the strength of the medication, the amount administered and the frequency that it is administered.

MEDICATION
Please circle all current medications or list name of medications below.

MEDICATION	How many mg per tablet	How much do you give per dose	What time do you give the medications	Do you need a refill?
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Lasix (furosemide, Salix)				
Enalapril (Enacard, Vasotec)				
Vetmedin (Pimobendan)				
Spirolactone (Aldactone)				
Digoxin (Lanoxin, Digitek)				
Sotalol (Betapace)				
Mexiletine (Mexitil)				
Atenolol (Tenormin)				
Fish oil (EPA&DHA, fatty acids)				
Viagra (sildenafil)				

Is your pet currently coughing? YES NO

Has there been any recent change in your pet's willingness to play or exercise? YES NO

Explain _____

Has there been a recent change in your pet's appetite? YES NO

Explain _____

Is your pet currently vomiting? YES NO

Has your pet lost or gained weight recently? YES NO

Explain _____

Signature _____

Date _____