

Thank-you for contacting us with your pet's medication request.

In order to ensure accuracy and thoroughness, please fill out the following information:

Pet's Name:

Medication Name:

Medication Strength:

How much / many would you like:

How much and how often are you giving this medication?:

How much do you have left?:

How is your pet doing?:

Any vomiting, diarrhea, or dark stools?:

Any changes to thirst, urination, or appetite?:

Any other medications or supplements / products that your pet gets, and their doses:

Any concerns:

When would you like to pick up the medication, or which pharmacy to send to if we script out:

Contact info when ready (phone number or email):

Please allow 24 working hours for most prescriptions, 72 hours if we need to special order your pet's medication in for you.

Thank-you,

Dr. Kim Bond, Dr. Lynn Lam, Dr. Tom Oster,

and the Whitehills Animal Hospital Team