

# PATIENT MEDICATION DISCLOSURE

Client name: \_\_\_\_\_ Client#: \_\_\_\_\_

Pt name: \_\_\_\_\_ Dog/Cat \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Surgery Scheduled: \_\_\_\_\_

\_\_\_\_\_ I state that this patient is currently **not** on any of the following medications for arthritis, pain or inflammation.

- RIMADYL (carprofen)
- METACAM (meloxicam)
- DERAMAXX (deracoxib)
- DOXIDYL (deracoxib)
- PREVICOX (firocoxib)
- ZUBRIN (tepoxalin) - not currently marketed
- NOVOCOX (carprofen)
- VETPROFEN (carprofen)
- CARPRIEVE (carprofen)
- QUELLIN (carprofen)
- OROCAM (meloxicam)
- LOXICOM (meloxicam)
- MELOXIDYL (meloxicam)
- ONSIOR (robenacoxib) for a maximum of 3 day use
- GALLIPRANT (grapiprant)
- Any medication containing Prednisone
- Other \_\_\_\_\_

**OR:**

\_\_\_\_\_ I state that this patient is currently taking the following medication at this time:

Med \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Most Recent dose given: \_\_\_\_\_

As prescribed by \_\_\_\_\_ for \_\_\_\_\_

**I state that I am the owner or agent authorized to give medical information and authorization for the above patient.**

Signature \_\_\_\_\_ date: \_\_\_\_\_

Witness: \_\_\_\_\_ date: \_\_\_\_\_