

Antelope Veterinary Hospital
85 Belle Mill Rd,
Red Bluff, CA 96080
(530) 527-4522

For office use:
Date: _____ Client No.: _____
Patient: _____
Last name: _____
 Scanned/Uploaded

PATIENT MEDICATION DISCLOSURE

PATIENT NAME: _____ **SPECIES: DOG/CAT**

AGE: _____ **GENDER:** _____ **WEIGHT:** _____

PROCEDURE DATE: _____ **PROCEDURE BEING PERFORMED:** _____

_____ 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(s) at this time:

Prescription Name	Strength (Amount of MG(s))	Dose	Time(s) of Day	Form (Liquid, Cap, Tablet)	Reason Taken

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

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____