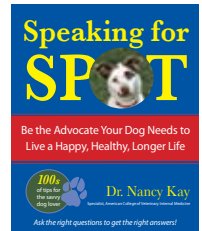


Veterinary Office Visit



Dog's Name _____

Date of Birth _____

Clinic Name _____

Veterinarian's Name _____

Date of Visit _____

Reason(s) for Visit _____

Current Medication

Name of Medication	Dosage/Strength	Frequency	Purpose

Veterinarian's Explanation

Discharge Instructions

Things to Watch For

What Happens Next?

Treatment Plan

Changes in Medication

Things to Learn More About

Time of Next Office Visit

When to Call Your Veterinarian with a Progress Report
