## <u>Dr. Tina Aiken</u> **Integrative Animal Care**

et's name	Date	
our last name	_	
lease list the supplements and medication rength of the medication (in milligrams, revice daily, etc.). Having this information in to focus on your pet's specific issues.	mg/mL, units, etc.) and how often you ready before your appointment begins	give it (once daily,
Supplement or Medication	How much? (milligrams,	How often? (once
	mg/mL, units, teaspoons,	daily, once weekly, in
	tablets, etc.)	AM, etc.
_		
sual Diet – Please include what you no	rmally feed your pet, how much and	d how often.

**O/A - Orally Alone:** Give by mouth any time during the day, but not within 20 minutes (before or after) of food consumption.

**OES - On Empty Stomach:** Give by mouth at least 3, or better, 6 hours after last meal and at least 45 minutes before next meal. (For example, in morning before breakfast.)

**EOD** – **Every Other Day:** Give every other day.