PLEASE FILL OUT AND EMAIL, FAX, OR TEXT TO GOLDEN PET RX

PHONE: (844) 959-PETS (7387)
TEXT: (310) 767-6744
FAX: (310) 750-6083
E: goldenpetrx@gmail.com

PCAB ACCREDITED® Compounding Pharmacy

AMERICAN COLLEGE OF VETERINARY PHARMACISTS

FREE DELIVERY
THROUGHOUT CALIFORNIA

Thermaverse™ Questionaire

Owner's Name:	Pet's Name:		DOB:
Address:	City:	State:	Zip:
Primary Phone: ( )	Cell Phone: ( )	Allergies:	

Affected ear:	AD (right ear) AS (left ear) AU (both ears)
Tympanic membrane intact?	Yes No
Condition type:	Chronic/recurrent Acute
Fungal component present?	Yes No
Ear swollen shut?	Yes No
Level of inflammation: **1 = mild to moderate** **10 = very red, inflamed, raw**	1 2 3 4 5 6 7 8 9 10
Culture and sensitivity: **(if done, please attach copy)**	Attached Not attached
Prior medications used:	
Weight	_____ kg lbs

Notes/Other:_____

Prescriber Signature:_____ Date:_____