

Medication Schedule

Print this page and use it to help keep track of your dogs' medication schedule as prescribed by your veterinarian.

Your veterinarian may change or increase the prescribed medications if your dog is experiencing pain or excessive swelling.



THIS SECTION TO BE COMPLETED BY YOUR VETERINARIAN			
CORTICOSTEROID NAME:	H1 Blocker (e.g. oral diphenhydramine) NAME:	H2 Blocker (e.g. oral famotidine) NAME:	OTHER: (e.g. Pain medication as prescribed by your vet)
DOSING INSTRUCTIONS:	DOSING INSTRUCTIONS:	DOSING INSTRUCTIONS:	DOSING INSTRUCTIONS:

THIS SECTION TO BE COMPLETED BY YOU

PRE-TREATMENT 2 days before STELFONTA treatment Date:	AM <input type="checkbox"/>	PM <input type="checkbox"/>					
PRE-TREATMENT 1 day before STELFONTA treatment Date:	AM <input type="checkbox"/>	PM <input type="checkbox"/>					
TREATMENT DAY Date:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
DAY 1 POST-TREATMENT Date:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
DAY 2 POST-TREATMENT Date:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
DAY 3 POST-TREATMENT Date:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
DAY 4 POST-TREATMENT Date:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
DAY 5 POST-TREATMENT Date:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
DAY 6 POST-TREATMENT Date:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
DAY 7 POST-TREATMENT Date:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	

IMPORTANT SAFETY INFORMATION

Ensure your dog receives their prescribed medications to decrease the potential for severe, life-threatening adverse reactions. Pain management for the dog should be anticipated and in some cases wound management may be needed. Wear disposable gloves when cleaning the treated tumor site to avoid contact with any residual drug. Thoroughly wash your skin that comes in contact with the treated tumor site, wound, or wound discharge.

Monitor your dog during the healing process, discourage licking for the first few days, and contact your veterinarian if you notice excessive pain, lameness, tiredness, refusal to eat for more than one day, repeated vomiting or diarrhea, trouble breathing, changes to the treated tumor site (including increased or excessive swelling or bruising, extensive wound formation, increased irritation) or any other symptoms that concern you.

To report an adverse event, contact Virbac at 1-800-338-3659. For full prescribing information visit: www.stelfonta.com