Purina® Pro Plan® Veterinary Diets Prescription Authorization Form

PURINA® PRO PLAN® VETERINARY DIETS

Patient's Name: _____

Owner's Name: _____

CANINE FORMULAS

(check all that apply)

Approved For: ☐ Wet Only ☐ Dry Only ☐ Both

- ☐ CC CARDIOCARE®
- ☐ CN CRITICAL NUTRITION®
- ☐ DH DENTAL HEALTH®
- ☐ DRM DERMATOLOGIC MANAGEMENT® NATURALS — WITH ADDED VITAMINS, MINERALS & NUTRIENTS
- ☐ EL ELEMENTAL
- ☐ EN GASTROENTERIC®
- ☐ EN GASTROENTERIC® LOW FAT
- ☐ EN GASTROENTERIC® FIBER BALANCE
- ☐ HA HYDROLYZED® VEGETARIAN FORMULA
- ☐ HA HYDROLYZED® NON - VEGETARIAN FORMULAS
- ☐ JM JOINT MOBILITY®
- ☐ NC NEUROCARE®
- ☐ NF KIDNEY FUNCTION®
- ☐ OM OVERWEIGHT MANAGEMENT®
- ☐ UR URINARY® Ox/St®

FELINE FORMULAS

(check all that apply)

Approved For: ☐ Wet Only ☐ Dry Only ☐ Both

- ☐ CN CRITICAL NUTRITION®
- ☐ DH DENTAL HEALTH®
- ☐ DM DIETETIC MANAGEMENT®
- ☐ DM SAVORY SELECTS DIETETIC MANAGEMENT®
- ☐ EN GASTROENTERIC®
- ☐ HA HYDROLYZED®
- ☐ NF KIDNEY FUNCTION® EARLY CARE
- ☐ NF KIDNEY FUNCTION® ADVANCED CARE
- ☐ OM OVERWEIGHT MANAGEMENT®
- ☐ UR URINARY® St/Ox®

DVM Signature: _____ Date: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

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