

# Veterinary Prescription & Instructions

**Pet Name:** Unnamed  
**Pet Number:** PET-1761438426  
**Disease:** Unknown

## Prescription Schedule

Date	Time	Medicine	Dosage	Route	Duration	Notes
2025-10-25	09:00	Supportive care (fluids, rest)	As per vet	as advised	Variable	See a veterinarian for tailored therapy

## Diet & Recovery Plan

Date	Feeding Time	Food Type	Quantity	Notes
2025-10-25	morning	Easily digestible food	Small frequent portions	Encourage fluids

## Owner-Friendly Explanation

No validated prescription could be generated automatically. This is a conservative supportive-care plan — please consult a veterinarian.