



Medications

Pet's name _____

Breed/type _____

Owner _____

Arrival Date _____

Complete a section for *each* medication, treatment or supplement. Please be specific and provide all information: (Note: There may be an additional charge for administration of some medications).

1) Medication _____ Treatment for _____

Will the course of treatment be completed while your pet is in our care? Yes No

Capsule Tablet Ointment Injection Drops Spray Powder

Other _____

Frequency: 1x/day 2x/day 3x/day Other: _____

am pm Dosage: _____

Administration: Eats as treat Oral In meal Injection Site _____

In snack Peanut butter Cheese Canned food Other _____

Supplements/Vitamins: Yes No **Name:** _____

Type: Capsule Tablet Powder **Pre-packaged in Food?** Yes No

Other Instructions: _____

2) Medication _____ Treatment for _____

Will the course of treatment be completed while your pet is in our care? Yes No

Capsule Tablet Ointment Injection Drops Spray Powder

Other _____

Frequency: 1x/day 2x/day 3x/day Other: _____

am pm Dosage: _____

Administration: Eats as treat Oral In meal Injection Site _____

In snack Peanut butter Cheese Canned food Other _____

Supplements/Vitamins: Yes No **Name:** _____

Type: Capsule Tablet Powder **Pre-packaged in Food?** Yes No

Other Instructions: _____

For additional medications, please ask for an additional sheet.

3) Medication _____ Treatment for _____

Will the course of treatment be completed while your pet is in our care? Yes No

Capsule Tablet Ointment Injection Drops Spray Powder
 Other _____

Frequency: 1x/day 2x/day 3x/day Other: _____
 am pm Dosage: _____

Administration: Eats as treat Oral In meal Injection Site _____
 In snack Peanut butter Cheese Canned food Other _____

Supplements/Vitamins: Yes No **Name:** _____
Type: Capsule Tablet Powder **Pre-packaged in Food?** Yes No

Other Instructions: _____

4) Medication _____ Treatment for _____

Will the course of treatment be completed while your pet is in our care? Yes No

Capsule Tablet Ointment Injection Drops Spray Powder
 Other _____

Frequency: 1x/day 2x/day 3x/day Other: _____
 am pm Dosage: _____

Administration: Eats as treat Oral In meal Injection Site _____
 In snack Peanut butter Cheese Canned food Other _____

Supplements/Vitamins: Yes No **Name:** _____
Type: Capsule Tablet Powder **Pre-packaged in Food?** Yes No

Other Instructions: _____

5) Medication _____ Treatment for _____

Will the course of treatment be completed while your pet is in our care? Yes No

Capsule Tablet Ointment Injection Drops Spray Powder
 Other _____

Frequency: 1x/day 2x/day 3x/day Other: _____
 am pm Dosage: _____

Administration: Eats as treat Oral In meal Injection Site _____
 In snack Peanut butter Cheese Canned food Other _____

Supplements/Vitamins: Yes No **Name:** _____
Type: Capsule Tablet Powder **Pre-packaged in Food?** Yes No

Other Instructions: _____