



MEDICATION FORM

All medications including Over the Counter medications must be presented in original prescribed packages, vials, etc. If this is a prescription medication the pet's name must appear on the bottle or packaging. Any vitamins/supplements must also be indicated on this form. We cannot accept medication/vitamins already placed in baggies/containers of dog food as the food will cause meds to degrade when left mixed together.

Name of Pet on Medication (First & Last) _____

Date: _____ Breed: _____ Age: _____ Weight: _____

Prescribing Vet Clinic(s) _____

Name of Medication _____

Reason for Medication/Supplement _____

Dosage Amount per Administration Time	Times of Day to Administer (check all that apply)	First Date & Time of Day we Administer	Last Date & Time of Day we Administer
	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		

Refrigerate?
Yes / No

Are pills pre-cut?
Yes / No / Not Applicable

Did you pack extra? Yes / No
How much if yes? _____

Additional Notes: _____

Name of Medication _____

Reason for Medication/Supplement _____

Dosage Amount per Administration Time	Times of Day to Administer (check all that apply)	First Date & Time of Day we Administer	Last Date & Time of Day we Administer
	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		

Refrigerate?
Yes / No

Are pills pre-cut?
Yes / No / Not Applicable

Did you pack extra? Yes / No
How much if yes? _____

Additional Notes: _____

Name of Medication _____

Reason for Medication/Supplement _____

Dosage Amount per Administration Time	Times of Day to Administer (check all that apply)	First Date & Time of Day we Administer	Last Date & Time of Day we Administer
	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		

Refrigerate?
Yes / No

Are pills pre-cut?
Yes / No / Not Applicable

Did you pack extra? Yes / No
How much if yes? _____

Additional Notes: _____

Owner is aware of a \$4 Per Administration Charge to Administer Medications. Initials _____

****PLEASE NOTE: We only administer medications based on the instructions written on this contract, NOT based on the prescription labels.****