



Medications or Supplements

Pet's Name: _____

Breed: _____

Weight: _____ Age: _____

Owner: _____ Arrival Date: _____

Complete a section for *each* medication, treatment or supplement. Please be specific and provide all information:

1) Medication / Supplement

Name of Medication / Supplement _____

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 noon pm Dosage: _____

Administration: Eats as treat Oral In Meal Injection Site: _____

In snack Peanut Butter Cheese Canned food Other: _____

Other instructions: _____

2) Medication / Supplement

Name of Medication / Supplement _____

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 noon pm Dosage: _____

Administration: Eats as treat Oral In Meal Injection Site: _____

In snack Peanut Butter Cheese Canned food Other: _____

Other instructions: _____

3) Medication / Supplement

Name of Medication / Supplement _____

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 noon pm Dosage: _____

Administration: Eats as treat Oral In Meal Injection Site: _____

In snack Peanut Butter Cheese Canned food Other: _____

Other instructions: _____

4) Medication / Supplement

Name of Medication / Supplement _____

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 noon pm Dosage: _____

Administration: Eats as treat Oral In Meal Injection Site: _____

In snack Peanut Butter Cheese Canned food Other: _____

Other instructions: _____

For additional medications, please ask for an additional sheet.