



Medications or Supplements

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/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: _____

For additional medications, please ask for an additional sheet.

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.