



Pet's Name: _____

Breed/Type: _____

Owner: _____

Arrival Date: _____

Medications or Supplements

Complete a section for each medication 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

What kind of medication/supplement is it?: Capsule Tablet Ointment Injection

Drops Spray Powder Other _____

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

Time of day: AM Noon PM Dosage: _____

How to Administer: Eats as treat Orally In meal In snack Peanut Butter

Cheese Canned Food Other Injection/Application Site: _____

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

What kind of medication/supplement is it?: Capsule Tablet Ointment Injection

Drops Spray Powder Other _____

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

Time of day: AM Noon PM Dosage: _____

How to Administer: Eats as treat Orally In meal In snack Peanut Butter

Cheese Canned Food Other Injection/Application Site: _____

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

What kind of medication/supplement is it?: Capsule Tablet Ointment Injection

Drops Spray Powder Other: _____

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

Time of day: AM Noon PM Dosage: _____

How to Administer: Eats as treat Orally In meal In snack Peanut Butter

Cheese Canned Food Other Injection/Application Site: _____

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

What kind of medication/supplement is it?: Capsule Tablet Ointment Injection

Drops Spray Powder Other: _____

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

Time of day: AM Noon PM Dosage: _____

How to Administer: Eats as treat Orally In meal In snack Peanut Butter

Cheese Canned Food Other Injection/Application Site: _____

Other Instructions: _____

5) Medication/Supplement

Name of Medication/Supplement: _____

Treatment for: _____

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

What kind of medication/supplement is it?: Capsule Tablet Ointment Injection

Drops Spray Powder Other: _____

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

Time of day: AM Noon PM Dosage: _____

How to Administer: Eats as treat Orally In meal In snack Peanut Butter

Cheese Canned Food Other Injection/Application Site: _____

Other Instructions: _____