

Patient Full Name: _____ Staff: _____

MEDICATIONS

Please complete this form for each medication, treatment, or supplement your pet will be taking while boarding. There is an additional **\$2.50 - \$5.00 fee charged daily** to give medications.

1.) Medication Name: _____ Strength: _____

Dosing Frequency: once daily: (AM or PM) twice daily three times daily

Administration: oral: (In Food or By Hand) topical injection

Special Instructions: _____

2.) Medication Name: _____ Strength: _____

Dosing Frequency: once daily: (AM or PM) twice daily three times daily

Administration: oral: (In Food or By Hand) topical injection

Special Instructions: _____

3.) Medication Name: _____ Strength: _____

Dosing Frequency: once daily: (AM or PM) twice daily three times daily

Administration: oral: (In Food or By Hand) topical injection

Special Instructions: _____

4.) Medication Name: _____ Strength: _____

Dosing Frequency: once daily: (AM or PM) twice daily three times daily

Administration: oral: (In Food or By Hand) topical injection

Special Instructions: _____

Client Signature: _____ Date: _____