

Houndstooth Boarding Pet Medication Form

*medications must be in their original container with dosage instructions.

Pet's name: _____ Owner Name: _____

Check in date: _____ Check out date: _____

Prescribing Veterinarian: _____

Medication : _____ Dosage: _____

AM/PM What is the medication for? _____

Give in: cheese peanut butter pill pockets other: _____

Last given: _____

Medication: _____ Dosage: _____

AM/PM What is the medication for? _____

Give in: cheese peanut butter pill pockets other: _____

Last given: _____

Medication: _____ Dosage: _____

AM/PM What is the medication for? _____

Give in: cheese peanut butter pill pockets other: _____

Last given: _____

By signing below, I indicate that the medications listed are to be given to my pet during their stay at Houndstooth, and the directions are correct for administration.

Signature: _____ Date: _____