**MEDICATIONS AND SUPPLEMENT INSTRUCTIONS**

Pet’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescribing Vet Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Medication/ Supplement**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Dosage | How Often-Circle all that apply | How to Administer | First date/time of Adminster | Last Date/Time of Administer |
| --- | --- | --- | --- | --- |
|  |  MorningAfternoonEveningOther: (please specify)  | Pill PocketWet foodSprinkle on foodOther:\_\_\_\_\_\_\_\_ |  |  |

**Refrigerate? Yes / No Pre-mixed in food by you? Yes / No Do we cut pills? Yes/ No**

**Additional Instructions/Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Name of Medication/ Supplement**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Dosage | How Often-Circle all that apply | How to Administer | First date/time of Adminster | Last Date/Time of Administer |
| --- | --- | --- | --- | --- |
|  |  MorningAfternoonEveningOther: (please specify)  | Pill PocketWet foodSprinkle on foodOther:\_\_\_\_\_\_\_\_ |  |  |

**Refrigerate? Yes / No Pre-mixed in food by you? Yes / No Do we cut pills? Yes/ No**

**Additional Instructions/Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* **IF PET IS RECEIVING MORE THAN MORE THAN 2 MEDICATIONS PLEASE USE ADDITIONAL FORMS**
* **WE STRIVE TO DISTRIBUTE MEDICATIONS AS IF YOU DO AT HOME AND ON YOUR INSTRUCTIONS PROVIDED & NOT BASED ON THE LABEL OF THE BOTTLE**

***IMPORTANT NOTE: WE DO NOT ACCEPT DIABETIC PETS***

Owner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_