

Paw Paradise Spa Boarding & Grooming

Medication/Supplement Form

Owner's name: _____ Pet's Name: _____

- o **DO NOT PUT MEDICATIONS OR SUPPLEMENTS IN YOUR PET'S FOOD.**
 - o **DO NOT PRE-LOAD PILL POCKETS**
 - o All medications and supplements need to be brought in the original packaging.
 - o Complete this form with the type of medication/supplement(s), dosage, and schedule.
 - o Please include instructions on how to give your pet his/her medication/supplement(s).
 - o Include enough medication/supplement(s) for the length of your pets stay.
 - o Pet Medical Center reserves the right to refuse any pet that is taking a medication for a communicable illness.
 - o A fee (\$10 per day) will be charged for all prescription medications and/or three (3) or more supplements given per day during your pet's stay.
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Medication: _____ Type: _____ Dosage: _____
(powder, liquid, tablet, etc.)

How can we best administer this medication to your pet _____
(pill pockets, put in food bowl, etc.)

When is this medication given? AM PM Other _____

How often is this medication given? Daily Every other day Other _____

When should we start giving your pet this medication? Date _____ AM PM

Additional Instructions: _____

Owner's Signature

Date

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(powder, liquid, tablet, etc.)

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(pill pockets, put in food bowl, etc.)

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How often is this medication given? Daily Every other day Other _____

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