

Medication Form and Instructions



Owners Name : _____ Date: _____

Pet Name: _____

We typically feed medications with cheese , hot dog or peanut butter

Is there a special way you give your pet the medication?: _____

Is your pet allergic to any food, pet or human? _____

1 Medication Name: _____

Is it in the original container yes no If no who prescribed the medication? _____

Why is your pet on this medication: _____

Verify type of medication: Pill powder liquid ointment injection

Please indicate dosage: Pill(s) _____ Other: _____

How many times per day will your pet need this medication? **Circle one** AM and PM Am only Pm only

Other: _____

Do we have extra medication in case of emergency? _____ Will your pet need this medication today? Yes no

2 Medication Name: _____

Is it in the original container yes no If no who prescribed the medication? _____

Why is your pet on this medication: _____

Verify type of medication: Pill powder liquid ointment injection

Please indicate dosage: Pill(s) _____ Other: _____

How many times per day will your pet need this medication? **Circle one** AM and PM Am only Pm only

Other: _____

Do we have extra medication in case of emergency? _____ Will your pet need this medication today? Yes no

3 Medication Name: _____

Is it in the original container yes no If no who prescribed the medication? _____

Why is your pet on this medication: _____

Verify type of medication: Pill powder liquid ointment injection

Please indicate dosage: Pill(s) _____ Other: _____

How many times per day will your pet need this medication? **Circle one** AM and PM Am only Pm only

Other: _____

Do we have extra medication in case of emergency? _____ Will your pet need this medication today? Yes no