RUFFING IT PET SPA AND SUPPLIES
VETERINARY CARE LOG

MEDICATION LOG

1 *MEDICATION PER SHEET*

DOG NAME: _____ROOM NUMBER: _____

DATES OF STAY _____ TO _____

IS PRESCRIPTION IN ORIGINAL CONTAINER? YES NO
Medications must be in the original containers

Name of Medication _____ Reason Medication is given _____
Dosing Regime : Strength _____ Given _____ times per day
Preferred times to be given if any _____
With Meal / Without Meal

I _____(your name) give Ruffing It Pet Spa & Supplies permission to administer _____ (dogs name) as indicated on this form.

_____(Signature) _____(Date)

Medication Name	Strength/ Concentration	Dosage Given	Date	Time	Initial