Medication Form

Pet's Name: _____ **Last Name:** _____

Pet Parent (signature): _____ **Date:** _____

Is your pet allergic to any food (human or pet)? ☐ Yes ☐ No

If yes, what? _____

Medication Name			Verified medication as acceptable: Initials:	
For what condition/ailment is the pet being treated?				
Is there any special way that you give your pet medication?				
Verify type of medication – count of prescription meds only	☐ Ointment Count:	☐ Oral Count:	☐ Other - Specify: Count:	
Is this medication to be administered regularly or on an "as needed" basis?	☐ Regularly scheduled	☐ AM Amount:	☐ Noon Amount:	☐ PM Amount:
	☐ As Needed	If you selected 'As Needed" – specify the maximum daily dosage/frequency?		

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	☐ As Needed	If you selected 'As Needed" – specify the maximum daily dosage/frequency?		

MEDICATION CALENDAR

Indicate the Mark "NA" in each applicable time slot where the pet did not receive medication (at the scheduled time to be administered or assessed) due to check-in and/or check-out times. Include the **exact time** the medication was administered and the initials of the person administering it under AM/Noon/PM. Pets receiving medications "As Needed" must be evaluated at a minimum of three times daily (AM/Noon/PM)

Pet's Name:

Kennel #		Check-In Date:	Check-Out Date:	Intake Initials:

Month	Date	Med(s)	AM	Noon	PM	Notes