

# STONEHILL



BOARDING  GROOMING

Pet's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Does your pet have any allergies? \_\_\_\_\_

What condition/ailment is your pet being treated for? \_\_\_\_\_

Medication to be given in: **Peanut Butter:**  **Canned Food:**  **Pill Dough:**  **Other:**  Must provide, please specify \_\_\_\_\_

**1.) Medication Name:** \_\_\_\_\_ **Dosage:** (ex: 1 tablet 50mg, 1 drop) \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **AM:**  or **PM:**  **End Date:** \_\_\_\_\_ **AM:**  or **PM:**

**Type of medication:** **Oral:**  **Topical:**  **Subcutaneous injection:**

**Frequency:** **AM amount:** \_\_\_\_\_ **Noon amount:** \_\_\_\_\_ **PM amount:** \_\_\_\_\_

**If Topical:** **Right Ear:**  **Left Ear:**  **Both Ears:**  **Right Eye:**  **Left Eye:**  **Both eyes:**

If medication is only to be given **as needed**, specify frequency, dosage, symptoms: \_\_\_\_\_

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**2.) Medication Name:** \_\_\_\_\_ **Dosage:** (ex: 1 tablet 50mg, 1 drop) \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **AM:**  or **PM:**  **End Date:** \_\_\_\_\_ **AM:**  or **PM:**

**Type of medication:** **Oral:**  **Topical:**  **Subcutaneous injection:**

**Frequency:** **AM amount:** \_\_\_\_\_ **Noon amount:** \_\_\_\_\_ **PM amount:** \_\_\_\_\_

**If Topical:** **Right Ear:**  **Left Ear:**  **Both Ears:**  **Right Eye:**  **Left Eye:**  **Both Eyes:**

If medication is only to be given **as needed**, specify frequency, dosage, symptoms: \_\_\_\_\_

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**3.) Medication Name:** \_\_\_\_\_ **Dosage:** (ex: 1 tablet 50mg, 1 drop) \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **AM:**  or **PM:**  **End Date:** \_\_\_\_\_ **AM:**  or **PM:**

**Type of medication:** **Oral:**  **Topical:**  **Subcutaneous injection:**

**Frequency:** **AM amount:** \_\_\_\_\_ **Noon amount:** \_\_\_\_\_ **PM amount:** \_\_\_\_\_

**If Topical:** **Right Ear:**  **Left Ear:**  **Both Ears:**  **Right Eye:**  **Left Eye:**  **Both Eyes:**

If medication is only to be given **as needed**, specify frequency, dosage, symptoms: \_\_\_\_\_

Signature of pet owner or owner's agent: \_\_\_\_\_ Date: \_\_\_\_\_