



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: _____

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: _____

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: _____