

MEDIGAL

INSTRUCTION FORM

	Pet's First Name	Pet's Last N	lame		
	Does your pet have any allergies?				
	What condition/ailment is you	Vhat condition/ailment is your pet being treated for?ledication to be given in			
	Medication to be given in				
	☐ Peanut Butter ☐ Canned Food	Peanut Butter 🗌 Canned Food 🔲 Pill Dough 🔲 Other 🔲 Must provide, please specify			
	A. B. H. M.				
	Medication Name:				
	Start Date AM			AMor PM	
	Type of Medication: Oral				
	Frequency: AM Amount	Noon Amount	PM Amount		
	If Topical: Right Ear Left Ear	r Both Ears	Right Eye Left Eye	Both Eyes	
If medication is only to be given as needed, specify frequency, dosage, symptoms:					
2	Medication Name:	D	(a. 1 tablet FO a a 1 dos a)		
3					
	Start Date AM			_ AM _or PM _	
	Type of Medication: Oral				
	Frequency: AM Amount Noon Amount PM Amount				
	If Topical: Right Ear Left Ear	r Both Ears	Right Eye Left Eye	Both Eyes	
	If medication is only to be given as	needed, specify frequency	y, dosage, symptoms:		
?	Medication Name:	Dosage:	(ex. 1 tablet 50mg, 1 drop)		
	Start Date AM		End Date		
				_ AN	
	Type of Medication: Oral Topical Subcutaneous Injection Frequency: AM 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	y, dosage, symptoms:		