



MEDICAL INSTRUCTION FORM



Pet's First Name _____ Pet's 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



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:



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 ☐

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