

# Paw Prints Animal Hospital

## MEDICATION/SUPPLEMENT FORM

Owner's name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Please have all medications/supplements clearly labeled with your pet's name. Complete this form with the type of medication/supplement(s), dosage, and schedule. Please include instructions on how to give your pet his/her medication/supplement(s). Please include only enough medication/supplement(s) for the length of your pet's stay. You may add three extra days of medications or supplement(s) in the event you are delayed in picking up your pet. DO NOT PUT MEDICATIONS OR SUPPLEMENTS IN YOUR PET'S FOOD.

\*A fee (\$4 per day) will be charged for medications/supplements given during your pet's stay.

Medication Name & Strength: \_\_\_\_\_ Type: \_\_\_\_\_ Dosage: \_\_\_\_\_

How can we best administer this medication to your pet \_\_\_\_\_

(pill pockets, put in food bowl, etc.)

When is this medication given? AM Lunch Time PM Other \_\_\_\_\_

How often is this medication given? Daily Every other day Twice a day Other \_\_\_\_\_

When should we start giving your pet this medication? Date \_\_\_\_\_ AM PM

Additional Instructions:

\_\_\_\_\_

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Additional Instructions:

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