



## Medication Form

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

**Pet Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Is your pet allergic to any food (human or pet)?**    ☐ YES    ☐ NO

<b>Medication Name:</b>	<b>Verified medication is acceptable:</b> <b>Associate's Initials:</b> _____
<b>For what condition is the pet being treated?</b>	
<b>Is there any special way that you give your pet the medication?</b>	

<b>Verify type of medication-count of prescription meds only</b>	<input type="checkbox"/> <b>Ointment</b>  <b>Count:</b> _____	<input type="checkbox"/> <b>Oral</b>  <b>Count:</b> _____	<input type="checkbox"/> <b>Other-Specify</b>  <b>Count:</b> _____
<b>Is this medication to be administered regularly or on an "as needed" basis?</b>	<input type="checkbox"/> <b>Regularly Scheduled</b>	<input type="checkbox"/> <b>AM Amount:</b> _____  <input type="checkbox"/> <b>Noon Amount:</b> _____  <input type="checkbox"/> <b>PM Amount:</b> _____	

<input type="checkbox"/> <b>As Needed Medication</b>	<b>If you selected 'As Needed' -specify the maximum daily dosage/frequency:</b> _____
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<b>Medication Name:</b>	<b>Verified medication is acceptable:</b> <b>Associate's Initials:</b> _____
<b>For what condition is the pet being treated?</b>	
<b>Is there any special way that you give your pet the medication?</b>	

<b>Verify type of medication-count of prescription meds only</b>	<input type="checkbox"/> <b>Ointment</b>  <b>Count:</b> _____	<input type="checkbox"/> <b>Oral</b>  <b>Count:</b> _____	<input type="checkbox"/> <b>Other-Specify</b>  <b>Count:</b> _____
<b>Is this medication to be administered regularly or on an "as needed" basis?</b>	<input type="checkbox"/> <b>Regularly Scheduled</b>	<input type="checkbox"/> <b>AM Amount:</b> _____ <input type="checkbox"/> <b>Noon Amount:</b> _____ <input type="checkbox"/> <b>PM Amount:</b> _____	

<input type="checkbox"/> <b>As Needed Medication</b>	<b>If you selected 'As Needed' -specify the maximum daily dosage/frequency:</b> _____
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<b>Medication Name:</b>	<b>Verified medication is acceptable:</b> <b>Associate's Initials:</b> _____
<b>For what condition is the pet being treated?</b>	



Is there any special way that you give your pet the medication?	
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Verify type of medication-count of prescription meds only Medication Name	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other-Specify Count:
Is this medication to be administered regularly or on an "as needed" basis?	<input type="checkbox"/> Regularly Scheduled	<input type="checkbox"/> AM Amount: _____ <input type="checkbox"/> Noon Amount: _____ <input type="checkbox"/> PM Amount: _____	

<input type="checkbox"/> As Needed Medication	If you selected 'As Needed' -specify the maximum daily dosage/frequency: _____
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## MEDICATION CALENDAR

Indicate the check-in and check-out time in the "Notes" section below. Mark "NA" in each applicable time slot where the pet did not receive medication (at the scheduled time to be administered or assessed) due to check-in and/or check-out times. Include the exact time the medication was administered and the initials of the person administering it under AM/Noon/PM. Pets receiving medications "As Needed" must be evaluated at a minimum of three times daily (AM/Noon/PM) - confirm that the maximum daily dosage/frequency has not been exceeded prior to medicating.

**Pet's Name:**

<b>Bin Number:</b>	<b>Kennel Number:</b>	<b>Check-In Date:</b>	<b>Check-Out Date:</b>	<b>Initials:</b>
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Month	Date	Med(s)	AM	Noon	PM	Notes
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	



Month	Date	Med(s)	AM	Noon	PM	Notes
		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	
		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	
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