

PET'S NAME: _____

Medications your pet will need during their stay:

**ALL MEDICATIONS MUST BE IN THEIR ORIGINAL
PRESCRIPTION BOTTLES WITH CURRENT PRESCRIPTION
LABEL.**

(Please list the name of the medication and directions below)

**Note: There is a \$1 charge per dose, per medication for time and care of administering. 5+ meds per day is a \$6 charge. It is \$45/ night for diabetic patients on top of boarding charges.*

Medication Name: _____

Strength/Dosage: _____

How Often: AM NOON PM

Instructions/Reasoning: _____

Medication Name: _____

Strength/Dosage: _____

How Often: AM NOON PM

Instructions/Reasoning: _____

Medication Name: _____

Strength/Dosage: _____

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