

PET'S NAME: _____

Medications your pet will need during their stay:

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

****Note:** There is a \$1.15 charge per dose, per medication for time and care of administration. 5+ meds per day is a \$6.75 charge. It is \$50.50/ night for diabetic patients in addition to boarding charges.*

Medication Name: _____

Strength/Dosage: _____

How Often: AM NOON PM

Instructions/Reasoning: _____

Time given today: _____

Medication Name: _____

Strength/Dosage: _____

How Often: AM NOON PM

Instructions/Reasoning: _____

Time given today: _____

Medication Name: _____

Strength/Dosage: _____

How Often: AM NOON PM

Instructions/Reasoning: _____

Time given today: _____

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Strength/Dosage: _____

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Time given today: _____