



Medication Instructions

Owner's name: _____

Dog's Name: _____

Owner's Signature: _____

Date: _____

Is your dog allergic to any food (human or pet)? Yes No

Yes If yes, what? _____

MEDICATION #1	Name:		Pill / Med count:	
For what condition is your dog being treated for?				
Is there any special way you give your dog medication?				
Verify type of medication	<input type="radio"/> Ointment <input type="radio"/> Oral <input type="radio"/> Other		Specify:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="radio"/> Regularly Scheduled		<input type="radio"/> AM Amount:	<input type="radio"/> Noon Amount:
	<input type="radio"/> As Needed	If you selected "As Needed", please specify the maximum daily dosage/frequency:		

MEDICATION #2	Name:		Pill / Med count:	
For what condition is your dog being treated for?				
Is there any special way you give your dog medication?				
Verify type of medication	<input type="radio"/> Ointment <input type="radio"/> Oral <input type="radio"/> Other		Specify:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="radio"/> Regularly Scheduled		<input type="radio"/> AM Amount:	<input type="radio"/> PM Amount:
	<input type="radio"/> As Needed	If you selected "As Needed", please specify the maximum daily dosage/ frequency:		

MEDICATION #3	Name:		Pill / Med count:	
For what condition is your dog being treated for?				
Is there any special way you give your dog medication?				
Verify type of medication	<input type="radio"/> Ointment <input type="radio"/> Oral <input type="radio"/> Other		Specify:	
Is this medication to be administered regularly or on an "as needed" basis?	<input type="radio"/> Regularly Scheduled		<input type="radio"/> AM Amount:	<input type="radio"/> PM Amount:
	<input type="radio"/> As Needed	If you selected "As Needed", please specify the maximum daily dosage/ frequency:		