

## **Bed & Breakfast**

**Medication/Supplement Form** 

Owner's	name:
---------	-------

Pet's Name: \_\_\_\_\_

- DO NOT PUT MEDICATIONS OR SUPPLEMENTS IN YOUR PET'S FOOD.
- O DO NOT PRE-LOAD PILL POCKETS
- All medications and supplements need to be brought in the original packaging.
- 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).
- Include enough medication/supplement(s) for the length of your pets stay.
- Pet Medical Center reserves the right to refuse any pet that is taking a medication for a communicable illness.
- A fee (\$10 per day) will be charged for all prescription medications and/or three (3) or more supplements given per day during your pet's stay.

Medication:	Type:	[ guid, tablet, etc.)	Dosage:	
How can we best administer this medication t	u ,			
		(pill pockets, pu	t in food bowl, etc.)	
When is this medication given? AM PM	Other			
How often is this medication given? Daily	Every other day	Other		
When should we start giving your pet this med	dication? Date	AM	PM	
Additional Instructions:				

Owner's Signature

Date

How can we best administer this medication to your p When is this medication given? AM PM Other How often is this medication given? Daily Every of When should we start giving your pet this medication Additional Instructions:	(pill pockets, put in food bowl, etc.) r ther day Other ? Date AM PM
When is this medication given? AM PM Other How often is this medication given? Daily Every of When should we start giving your pet this medication	(pill pockets, put in food bowl, etc.) r ther day Other ? Date AM PM
How often is this medication given? Daily Every of When should we start giving your pet this medication	r ther day Other ? Date AM PM
When should we start giving your pet this medication	? Date AM PM
Additional Instructions:	
Medication: Type: _	Dosage: powder, liquid, tablet, etc.)
	powder, liquid, tablet, etc.)
How can we best administer this medication to your p	pet
When is this medication given? AM PM Other	
How often is this medication given? Daily Every of	ther day Other
When should we start giving your pet this medication	? Date AM PM
Additional Instructions:	
Medication: Type: _	Dosage:
(	'powder, liquid, tablet, etc.)
How can we best administer this medication to your p	
When is this medication given? AM PM Othe	(pill pockets, put in food bowl, etc.) r
How often is this medication given? Daily Every of	ther day Other
When should we start giving your pet this medication	? Date AM PM
Additional Instructions:	

Owner's Signature

Date