

DOG'S MEDICAL (Current and/or Historical)

Please provide any details that will assist us in better caring for your dog. Vet treated or merely recognized. Example: seizures (even one), joint pain/issues, etc.

Medication, Treatment or Supplement

Complete a section for EACH. Please be specific and provide all details. If needed please print a second sheet for this area or complete on back. We ask that you also bring the product your dog prefers to receive their meds in, i.e., cheese, peanut butter, pill pockets.

Name: _____

Treatment for: _____

Will the course of treatment be completed while in our care?

- Yes No
- Capsule Tablet Ointment Injection
- Drops Spray Powder Other,

Describe: _____

Time Given: AM Midday PM Other,

Describe: _____

Administered: Eats as treat Oral In meal

Injection Site: _____

Other instructions: _____

Name: _____

Treatment for: _____

Will the course of treatment be completed while in our care?

- Yes No
- Capsule Tablet Ointment Injection
- Drops Spray Powder Other,

Describe: _____

Time Given: AM Midday PM Other,

Describe: _____

Administered: Eats as treat Oral In meal

Injection Site: _____

Other instructions: _____

Name: _____

Treatment for: _____

Will the course of treatment be completed while in our care?

- Yes No
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- Drops Spray Powder Other,

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Time Given: AM Midday PM Other,

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Injection Site: _____

Other instructions: _____

Name: _____

Treatment for: _____

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Injection Site: _____

Other instructions: _____
