

MEDICATION FORM

Dog's Name: _____ Your Last Name: _____

MEDICATIONS: Provide a pill organizer with Day of Week - AM/PM and place specific dosages in each section OR portion out each dosage in separate "Ziploc" bags with the dog's name and AM, Midday, and/or PM written on it.

Liquid Medications/Insulin: Leave in original bottle.

Syringes can be placed in a "Ziploc" bag or brought in their box with the dog's name written on it.

Medication Name: _____

Visual Description: _____

Treatment for: _____

Will the course of treatment be completed while in our care? ☐ Yes ☐ No

Time Given: ☐ AM ☐ Midday ☐ PM

☐ Other Describe: _____

Administered: ☐ Eats as treat ☐ Oral ☐ In meal

Other Instructions: _____

Medication Name: _____

Visual Description: _____

Treatment for: _____

Will the course of treatment be completed while in our care? ☐ Yes ☐ No

Time Given: ☐ AM ☐ Midday ☐ PM

☐ Other Describe: _____

Administered: ☐ Eats as treat ☐ Oral ☐ In meal

Other Instructions: _____

Medication Name: _____

Visual Description: _____

Treatment for: _____

Will the course of treatment be completed while in our care? ☐ Yes ☐ No

Time Given: ☐ AM ☐ Midday ☐ PM

☐ Other Describe: _____

Administered: ☐ Eats as treat ☐ Oral ☐ In meal

Other Instructions: _____

Medication Name: _____

Visual Description: _____

Treatment for: _____

Will the course of treatment be completed while in our care? ☐ Yes ☐ No

Time Given: ☐ AM ☐ Midday ☐ PM

☐ Other Describe: _____

Administered: ☐ Eats as treat ☐ Oral ☐ In meal

Other Instructions: _____

INSULIN TREATMENT

Insulin Brand/Type: _____

Amount/UNITS: _____

Syringe Type: ☐ U-100 ☐ U-40

Time Given: ☐ AM ☐ PM

To combine: ☐ Shake ☐ Roll

Injection Site: ☐ Shoulder Blades ☐ Back Hips

☐ Other: _____

Only eats HALF of meal: ☐ Give FULL Amount

☐ Give HALF Amount

☐ Do NOT Give

Does NOT eat 1 meal: ☐ Give FULL Amount

☐ Give HALF Amount

☐ Do NOT Give

*Please know if either of these situations happen consecutively, we will contact you.

Other instructions: _____
