



MEDICATION INSTRUCTIONS

Date: _____ Owners Signature: _____

Name of Dog: _____

Breed: _____

Owner: _____

Tel.# _____

Arrive: _____

Depart: _____

	<u>Name of Medication</u>	<u>Dispensing Instructions</u>
Med. # 1	_____ / _____	_____
Med. # 2	_____ / _____	_____
Med. # 3	_____ / _____	_____
Med. # 4	_____ / _____	_____
Med. # 5	_____ / _____	_____
Med. # 6	_____ / _____	_____

Verification: Please date, AM or PM & Initial after giving Meds.

PLEASE NOTE: THERE IS NO CHARGE FOR GIVING MEDS UP TO 3 TIMES PER DAY DURING NORMAL BUSINESS HOURS. MEDS GIVEN MORE THAN 3 TIMES PER DAY WILL INCURR A \$3.00 CHARGE PER APPLICATION. MEDICATIONS GIVEN BEFORE 7AM OR AFTER 7PM WILL INCURR A \$5.00 CHARGE PER APPLICATION.