

MEDICATION/SUPPLEMENT INSTRUCTIONS

Pet's Name (First & Last): _____

Prescribing Vet Clinic: _____

Name of Medication: _____

Reason Prescribed: _____

Dosage: _____

When do we administer? (circle all applicable): AM NOON PM OTHER: _____

Best way to administer: _____

Does medication need to be refrigerated? **YES NO**

Are pills pre-cut?: **YES NO**

Last time administered: _____ First time we administer: _____

Additional Instructions/Notes: _____

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