

# 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 N/A**

Last time administered: \_\_\_\_\_ First time we administer: \_\_\_\_\_

Additional Instructions/Notes: \_\_\_\_\_

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