

PEACE LOVE DOGS

Pet Name:

ALL MEDICATION MUST BE BROUGHT IN ORIGINAL CONTAINER/PRESCRIPTION BOTTLE

Medication Name:				
For what condition/ailment is the pet being treated?				
Is there any special way that you give your pet medication?				
Type of medication – # of prescription meds	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other – Specify Count:	
Is the medication to be administered regularly or on an “as needed” basis?	<input type="checkbox"/> Regularly Scheduled	<input type="checkbox"/> AM Amount:	<input type="checkbox"/> Noon Amount:	<input type="checkbox"/> PM Amount:
	<input type="checkbox"/> As Needed	If you selected “As Needed” – specify the maximum daily dosage/frequency?		

Medication Name:				
For what condition/ailment is the pet being treated?				
Is there any special way that you give your pet medication?				
Type of medication – # of prescription meds	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other – Specify Count:	
Is the medication to be administered regularly or on an “as needed” basis?	<input type="checkbox"/> Regularly Scheduled	<input type="checkbox"/> AM Amount:	<input type="checkbox"/> Noon Amount:	<input type="checkbox"/> PM Amount:
	<input type="checkbox"/> As Needed	If you selected “As Needed” – specify the maximum daily dosage/frequency?		

Medication Name:				
For what condition/ailment is the pet being treated?				
Is there any special way that you give your pet medication?				
Type of medication – # of prescription meds	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other – Specify Count:	
Is the medication to be administered regularly or on an “as needed” basis?	<input type="checkbox"/> Regularly Scheduled	<input type="checkbox"/> AM Amount:	<input type="checkbox"/> Noon Amount:	<input type="checkbox"/> PM Amount:
	<input type="checkbox"/> As Needed	If you selected “As Needed” – specify the maximum daily dosage/frequency?		

*The information above is accurate. Peace Love Dogs has permission to administer these medications to my dog while in their care.

Pet Parent: _____

Date: _____