



# Poochie Medication Form

**Pet's Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Pet Parent (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Is your pet allergic to any food (human or pet)?    Yes    No

If yes, what? \_\_\_\_\_

<b>Medication Name</b>				Verified medication as acceptable: CK In Initials:
For what condition/ailment is the pet being treated?				
Is there any special way that you give your pet medication?				
Verify type of medication	Ointment	Oral	Other; Specify:	
Is this medication to be administered regularly or on an "as needed" basis?	Regularly scheduled	AM Amount:	Noon Amount:	PM Amount:
	As Needed	If you selected 'As Needed' – specify the maximum daily dosage/frequency?		

<b>Medication Name</b>				Verified medication as acceptable: CK In Initials:
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Is there any special way that you give your pet medication?				
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Is this medication to be administered regularly or on an "as needed" basis?	Regularly scheduled	AM Amount:	Noon Amount:	PM Amount:
	As Needed	If you selected 'As Needed' – specify the maximum daily dosage/frequency?		

<b>Medication Name</b>				Verified medication as acceptable: CK In Initials:
For what condition/ailment is the pet being treated?				
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