



Medication/Supplement Information

Please have all medications/supplements clearly labeled with your pet's name. Complete this form with type of medication(s)/supplement(s), dosage, and schedule. Please include instructions on how to give your pet his/her medication(s)/supplement(s). Please include only enough medication(s)/supplement(s) for the length of your pet's stay. You may add three extra days of medication(s)/supplement(s) in the event you are delayed in picking up your pet. Please DO NOT put medications or supplements in your pet's food. **Pappy's Pet Lodge reserves the right to refuse any pet that is taking a medication for a communicable illness. PLEASE NOTE: We do not accept pets on Insulin or Phenobarbital.**

Pet's Name: _____

Owner's Name: _____

Medication/Supplement #1

Number of pills provided: _____

Name of Medication: _____

Dosage: _____ How often: 1x Day 2x Day 3x Day Other: _____

Administration Time(s): _____

Is it given: With a meal On an empty stomach Other: _____

Reason for medication: _____

Possible side effects or things to monitor: _____

Date and time medication needs to start: _____

Medication/Supplement #1

Number of pills provided: _____

Name of Medication: _____

Dosage: _____ How often: 1x Day 2x Day 3x Day Other: _____

Administration Time(s): _____

Is it given: With a meal On an empty stomach Other: _____

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