



### Medication/Supplement Information Form

Please have all medications/supplements clearly labeled with your pet's name. Complete this form with type of medication/supplement(s), dosage, and schedule. Please include instructions on how to give your pet his/her medication/supplement(s). Please include only enough medication/supplement(s) for the length of your pet's stay. You may add three extra days of medications or 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. **PETITE POOCH reserves the right to refuse any pet that is taking medication for communicable illness. PLEASE NOTE: We Do not accept pets on insulin or phenobarbital.**

Pet's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

<b>Medication/Supplement #1</b>	Number of pills provided: _____
Name of Medication: _____	
Dosage: _____ How often: <input type="checkbox"/> 1x Day <input type="checkbox"/> 2x Day <input type="checkbox"/> 3x Day Other: _____	
At what time(s) administered: _____	
Is it given: <input type="checkbox"/> With a meal <input type="checkbox"/> On an empty stomach Other: _____	
Purpose of medication: _____	
Possible side effects or things to monitor: _____	
Date and Time medication needs to start: _____	

<b>Medication/Supplement #2</b>	Number of pills provided: _____
Name of Medication: _____	
Dosage: _____ How often: <input type="checkbox"/> 1x Day <input type="checkbox"/> 2x Day <input type="checkbox"/> 3x Day Other: _____	
At what time(s) administered: _____	
Is it given: <input type="checkbox"/> With a meal <input type="checkbox"/> On an empty stomach Other: _____	
Purpose of medication: _____	
Possible side effects or things to monitor: _____	
Date and Time medication needs to start: _____	