



Austin Dogtown
BOARDING & DAYCARE

| Austin Dogtown Medication Notes | |
|---|--------------------------|
| Pet's Name: | Client Last Name: |
| Veterinarian: | Today's Date: |
| Client Signature: | |
| <i>By signing above, you are confirming that the information provided is correct. The medication will be administered according to the provided instructions</i> | |
| Medication Name (please list all): | |
| For what condition/ailment is your dog being treated? | |
| Is there any special way that you give your pet the medication? <i>(we typically use pill pockets - please provide if your pet takes more than 2 pills/day)</i> | |
| Verify type of medication <i>(ex- pills, drops, ointments, liquid, etc). If your pet takes more than 2 pills/day- please separate dosage in pill distribution container or baggies</i> | |
| Please specify amounts and timing (AM, lunch, PM) | |
| What was the date, time, and amount of the last dose of this medication given? | |
| Are there any behaviors, conditions, etc that we should keep an eye out for due to the medication/ailment? | |
| Will be able to reach you via cell or email with questions during your dog's stay? <i>If not, who should we contact? Local emergency contact required for all boarding visits in case pickup is necessary.</i> | |
| Notes <i>(please use back of page for add'l notes if necessary) :</i> | |