



Medications or Supplements

Pet's Name _____

Breed/Type _____

Owner _____

Arrival Date _____

Complete a section for *each* medication, treatment or supplement. Please be specific and provide all information:

[Note: There may be an additional charge for administration of some medications]

1) Medication/Supplement

Name of Medication/Supplement _____

Treatment for _____

Will the course of treatment be completed while your pet is in our care? Yes No

Capsule Tablet Ointment Injection Drops Spray Powder

Other _____

Frequency:

1x/day 2x/day 3x/day Other:

am noon pm

Dosage: _____

Administration:

Eats as treat Oral In meal Canned food Injection Site

In snack Peanut butter Cheese

Other _____

Other Instructions: _____

2) Medication/Supplement

Name of Medication/Supplement _____

Treatment for _____

Will the course of treatment be completed while your pet is in our care? Yes No

Capsule Tablet Ointment Injection Drops Spray Powder

Other _____

Frequency:

1x/day 2x/day 3x/day Other:

am noon pm

Dosage: _____

Administration:

- Eats as treat Oral In meal Canned food Injection Site
 In snack Peanut butter Cheese
 Other _____

Other Instructions: _____

3) **Medication/Supplement**

Name of Medication/Supplement _____

Treatment for _____

Will the course of treatment be completed while your pet is in our care? Yes No

Capsule Tablet Ointment Injection Drops Spray Powder

Other _____

Frequency:

1x/day 2x/day 3x/day Other:

am noon pm

Dosage: _____

Administration:

- Eats as treat Oral In meal Canned food Injection Site
 In snack Peanut butter Cheese
 Other _____

Other Instructions: _____

For additional medications, please ask for an additional sheet.

I, _____, approve Orchid Island Dog Spa & Resort and it's employees to administer the above medications to my dog(s) during their stay at OIDS. By signing below, I indicate that the medications listed above are accurate and correct.

Signature: _____ Date: _____

Print Name: _____