



MEDICATION CONTRACT

All medications including Over the Counter meds, must be presented in original Prescribed packages, vials, etc. If this is a prescription medication the pet's name must appear on the bottle or packaging.

Name of Pet on Medication: _____

Weight: _____ Breed: _____ Color: _____ Age: _____

Name of Medication: _____

Amount: _____ AM/PM Start Date: _____ End Date: _____

Reason Pet is on Medication: _____

Name of Medication: _____

Amount: _____ AM/PM Start Date: _____ End Date: _____

Reason Pet is on Medication: _____

Name of Medication: _____

Amount: _____ AM/PM Start Date: _____ End Date: _____

Reason Pet is on Medication: _____

Name of Medication: _____

Amount: _____ AM/PM Start Date: _____ End Date: _____

Reason Pet is on Medication: _____

Owner is aware of a \$2.50 Per Administration Charge to Administer Medications. Initials _____

Any other Pre-existing conditions we should know about?

Encinitas:
Ph#(760)753-9366
Fx#(760)753-0296

Oceanside:
Ph#(760)941-3221
Fx#(760)941-2279

Poway:
Ph#(858)748-9676
Fx#(858)748-7491

Pet Suites:
Ph#(949)425-0700
Fx#(949)425-5915