



# MEDICATION CONTRACT

All medications including Over the Counter medications 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. Any vitamins/supplements must also be indicated on this form. We cannot accept medication/vitamins already placed in baggies/containers of dog food as the food will cause meds to degrade when left mixed together.

Name of Pet on Medication (First & Last): \_\_\_\_\_

Date: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Prescribing Vet Clinic(s): \_\_\_\_\_

Name of Medication \_\_\_\_\_

Reason for Medication/Supplement \_\_\_\_\_

Dosage Amount per Administration Time	Times of Day to Administer (check all that apply)	First Date & Time of Day we Administer	Last Date & Time of Day we Administer
	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		

Refrigerate?  
Yes / No

Are pills pre-cut?  
Yes / No / Not Applicable

Did you pack extra? Yes / No  
How much if yes? \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Name of Medication \_\_\_\_\_

Reason for Medication/Supplement \_\_\_\_\_

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Yes / No

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Yes / No / Not Applicable

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Additional Notes: \_\_\_\_\_

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Refrigerate?  
Yes / No

Are pills pre-cut?  
Yes / No / Not Applicable

Did you pack extra? Yes / No  
How much if yes? \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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

**\*\*PLEASE NOTE: We only administer medications based on the instructions written on this contract, NOT based on the prescription labels.\*\***