



Supervisor inits: _____
 Verification inits: _____

Medicine Check-in Form

Information

Owner's Name: _____
 Dog's Name: _____ Breed: _____

Medicine Overview

Name of Medication: _____
 What is the purpose of this medicine? What specifically is your dog being treated for?: _____

Treatment Instructions

Dosage amount: _____
 Dosage frequency (circle only one): a.m. only / p.m. only / a.m. & p.m. / other _____
 Are these instructions different than on the container?: yes / no If yes, why? _____
 Has your dog taken any of these meds today?: _____
 Any additional administration instructions: _____

(for kennel use only)

<u>Date</u>	<u>Day (ie. Mon)</u>	<u>AM</u>	<u>PM</u>	<u>Other / Notes</u>