Dogs All Day
Daycare Boarding Grooming Training

Supervisor inits: _____
Verification inits: _____

Medicine Check-in Form

Arrival date: _____ Dep date: _____

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)

Date	Day (ie. Mon)	AM Initial/Time	Lunch Initial/Time	PM Initial/Time	Other / Notes