



Medication/Supplement Administration Form

Human Name _____

Dog's name _____

Veterinarian name _____

Medication/Supplement name _____

This medication treats what condition/ailment? _____

This is an: ointment oral pill/capsule Other: _____

Dosing information AM PM As needed*

*Explain how we will know your dog needs this medication/supplement:

Explain how you give your dog this medication/supplement and what you are providing for us to "hide" it in.

Please note: You must provide a way for us to administer the medication to your dog (i.e. Pill Pocket, lunch meat, cheese, peanut butter, etc., however your dog normally takes her/his medications). We will NOT force the pills down your dog's throat, both for your dog's safety and for ours.

Additional notes:

Medication/Supplement name _____

This medication treats what condition/ailment? _____

This is an ointment oral pill/capsule Other: _____

Dosing information AM PM As needed*

*Explain how we will know your dog needs this medication/supplement:

Explain how you give your dog this medication/supplement:

Additional notes:

Medication/Supplement name _____

This medication treats what condition/ailment? _____

This is an ointment oral pill/capsule Other: _____

Dosing information AM PM As needed*

*Explain how we will know your dog needs this medication/supplement:

Explain how you give your dog this medication/supplement:

Additional notes:

I hereby represent the information I have provided on this form is accurate. I agree to assume all risk associated with the administration of these medications/supplements.

Client signature _____ Date ____/____/____

Client printed name _____