



# MEDICATION INTAKE FORM

The form below is to be filled out by the owner/agent of the dog. All medications that the dog will need while in the care of K9s Only should be written down with as much detail as possible. Use a second form if necessary. The form(s) will be approved by a manager before any medications are given. All medications will be administered directly according to the information given below. K9s Only is not a veterinarian and cannot be held responsible for mistakes due to misinformation given by the owner/agent.

**PET'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CLIENT'S NAME:** \_\_\_\_\_

1. **MEDICATION TYPE:** Pill/Capsule   Liquid   Cream   Spray   Injection   Powder

**MEDICATION NAME:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Pill Count:** \_\_\_\_\_

**ADMINISTER AT THESE TIMES:** (circle all that apply)

Morning   Noon   Afternoon   Evening   Night   As Needed   Other \_\_\_\_\_

**DOSAGE:** \_\_\_\_\_ mg/ml/Other: \_\_\_\_\_

**REASON FOR MED:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS: How would you like this medication to be administered? (E.G. Pills in wet food or peanut butter):** \_\_\_\_\_

2. **MEDICATION TYPE:** Pill/Capsule   Liquid   Cream   Spray   Injection   Powder

**MEDICATION NAME:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Pill Count:** \_\_\_\_\_

**ADMINISTER AT THESE TIMES:** (circle all that apply)

Morning   Noon   Afternoon   Evening   Night   As Needed   Other \_\_\_\_\_

**DOSAGE:** \_\_\_\_\_ mg/mL/Other: \_\_\_\_\_

**REASON FOR MED:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS: How would you like this medication to be administered? (E.G. Pills in wet food or peanut butter):** \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Receptionist

\_\_\_\_\_  
Manager