



## MEDICATIONS FORM

Pet's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Pet Parent Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_

Is your pet allergic to any food (human or pet)?  Yes  No

If yes, what? \_\_\_\_\_

<b>Medication Name</b>	_____			Verified medication as acceptable: GSA Initials	_____
For what condition/ailment is the pet being treated?	_____				
Is there any special way that you give your pet medication?	_____				
Verify type of medication - count of prescription meds only	<input type="checkbox"/> Ointment Count: _____	<input type="checkbox"/> Oral Count: _____	<input type="checkbox"/> Other - Specify Count: _____		
Is this medication to be administered regularly or on an "as needed" basis?	<input type="checkbox"/> Regularly Scheduled	<input type="checkbox"/> AM Amount: _____	<input type="checkbox"/> Noon Amount: _____	<input type="checkbox"/> PM Amount: _____	
	<input type="checkbox"/> As Needed	If you selected "As Needed" - specify the maximum daily dosage/frequency?			_____

<b>Medication Name</b>	_____			Verified medication as acceptable: GSA Initials	_____
For what condition/ailment is the pet being treated?	_____				
Is there any special way that you give your pet medication?	_____				
Verify type of medication - count of prescription meds only	<input type="checkbox"/> Ointment Count: _____	<input type="checkbox"/> Oral Count: _____	<input type="checkbox"/> Other - Specify Count: _____		
Is this medication to be administered regularly or on an "as needed" basis?	<input type="checkbox"/> Regularly Scheduled	<input type="checkbox"/> AM Amount: _____	<input type="checkbox"/> Noon Amount: _____	<input type="checkbox"/> PM Amount: _____	
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<b>Medication Name</b>	_____			Verified medication as acceptable: GSA Initials	_____
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Is there any special way that you give your pet medication?	_____				
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