

ADDITIONAL MEDICAL TREATMENT FORM

Medication/Supplement Name:						
For what condition is The pet being treated?						
Is there a specific way that you give your pet their medication/supplement?						
Verify type of		Ointment	□ Oral	□ Other (Specify) Count:		
Medication/supplement and provide the exact count of		Count:	Count:			
medication being left in our						
facility.						
		Scheduled	□ AM	□ Mid-	\square P.M.	
		Daily	Dose:	day Dose:	Dose:	
Is this medication/supplement to						
be administered daily or "As						
Needed"?						
					ease specify maximum daily	
	dosage/frequency	sage/frequency:				



Medication/Supplement Name:						
For what condition is The pet being treated?						
Is there a specific way that you give your pet their medication/supplement?						
Verify type of	□ Ointment	□ Oral	□ Other (Sp	becify) Count:		
Medication/supplement and	Count:	Count:				
provide the exact count of medication being left in our						
facility.						
Is this medication/supplement to	Scheduled Daily	A AM Dose:	□ Mid- day Dose:	Dese:		
be administered daily or "As Needed"?						
	As	As If "As Needed", please specify maximum daily				
	Needed dosage/frequency:					
			-			