

## Daily Medication Log for Resort Guests

All medication should be in original prescription container with original instruction clearly printed on label.

**Important:** Any changes to original instructions on label must be received in writing from prescribing veterinarian.

Check-In Tech Initials: _____	Patient ID#: _____
Pet Name: _____	Check-In Date: _____ Time: _____
Client Name: _____	Check-Out Date: _____ Time: _____

*Please list medications &  correct instructions.*

Medication 1: _____				Medication 2: _____				Medication 3: _____			
Give: _____ <input type="checkbox"/> tabs <input type="checkbox"/> caps <input type="checkbox"/> mls <input type="checkbox"/> drops				Give: _____ <input type="checkbox"/> tabs <input type="checkbox"/> caps <input type="checkbox"/> mls <input type="checkbox"/> drops				Give: _____ <input type="checkbox"/> tabs <input type="checkbox"/> caps <input type="checkbox"/> mls <input type="checkbox"/> drops			
<input type="checkbox"/> 1X a day <input type="checkbox"/> 2X a day <input type="checkbox"/> 3X a day				<input type="checkbox"/> 1X a day <input type="checkbox"/> 2X a day <input type="checkbox"/> 3X a day				<input type="checkbox"/> 1X a day <input type="checkbox"/> 2X a day <input type="checkbox"/> 3X a day			
<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM				<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM				<input type="checkbox"/> AM <input type="checkbox"/> Midday <input type="checkbox"/> PM			
Give with food: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Either				Give with food: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Either				Give with food: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Either			
<input type="checkbox"/> in left eye <input type="checkbox"/> in right eye <input type="checkbox"/> in each eye				<input type="checkbox"/> in left eye <input type="checkbox"/> in right eye <input type="checkbox"/> in each eye				<input type="checkbox"/> in left eye <input type="checkbox"/> in right eye <input type="checkbox"/> in each eye			
Med. last given Date: _____ Time: _____				Med. last given Date: _____ Time: _____				Med. last given Date: _____ Time: _____			
Misc: _____				Misc: _____				Misc: _____			
Date	Initial			Date	Initial			Date	Initial		
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____
_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____	_____	AM: _____	Mid: _____	PM: _____

Include Any Special Instructions Here: \_\_\_\_\_  
 \_\_\_\_\_