

Pet Medication Form for Overland Pet Resort

Please take a minute to carefully fill in the following information as much as you are able. This will help expedite your check in with medications and insure we give the correct doses. If you are unsure, no worries! We can help you at the time of check in. Once again, please remember to bring all medications in their ***original prescription bottles or boxes*** with correct information from your prescriber. **We have given you some examples in blue to help you out.** (Note: There will be a fee of \$3.50/injection for injectable medications)

Pet's Name _____ Breed _____ Sex _____ Color _____

Owner's Full Name _____ Owner Phone Number _____ Alt Number: _____

Regular Veterinarian _____ Regular Veterinarian Phone #: _____

Emergency Contact Name _____ Emergency Contact Phone Number: _____

Medication Name:	Concentration: (how much in each pill, capsule or ml)	Dosage: (how much)	By what route? (oral, eyes, ears etc)	How often? (twice daily, every 4 hours etc)	Special instructions:	Last Time Given:
Methimazole EXAMPLE	5mg	1 tablet	By mouth	Twice daily	Use pet piller!	4pm
Tresaderm EXAMPLE	None given	4 drops	Left ear	Once daily	Please give treat after	8am

Owner Signature: _____ Date: _____ Checked in By: _____