



Medication Form

For the safety of your dog(s), the State of North Carolina requires pet care facilities to keep detailed records of any medications we administered. Prescriptions medications should be provided in original containers.

If your dog(s) requires medication while staying with us, please complete this form prior to checking in. Thank you!

Dog (s)'s Name:

Owner's Name:

Is your dog(s) allergic to any food (human or dog)? Yes /No

If yes, what?

Total number of medications?

Medication Name	Verified medication (staff initials)
For what condition/ailment is this dog being treated?	
Is there any special ways that you give your dog's medication?	
Type of medication?	Ointment Oral Other, specify
Is the medication administered as regularly or prn (as needed)?	Regularly AM Amount Noon Amount PM Amount PRN , specify the maximum daily dosage/frequency

For faster check in, please fax or email your completed form to us prior to your dog(s) arrival.