



MEDICATION AND SUPPLEMENTATION INSTRUCTIONS

PAW COMMONS USE:

CSR: _____

Pet Tech: _____

Dog's Name (First/Last): _____ Prescribing Vet Clinic: _____

Dog Owner's Signature: _____ How Can We Reach You? _____

Name of Medication: _____ **Why Prescribed?** _____

Dosage	How Often (circle all that apply)	How to Administer preferred method (circle)	First Date/Time We Administer	Last Date/Time We Administer
	Morning Afternoon Evening Other _____	Wet food "Meatball" Sprinkle on food Peanut butter 'Meatball' Manually "Pill" dog Other _____		

Refrigerate? Yes / No Pre-mixed in food by you? Yes / No Do We cut pills? Yes / No

Additional Instructions/Notes: _____

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Refrigerate? Yes / No Pre-mixed in food by you? Yes / No Do We cut pills? Yes / No

Additional Instructions/Notes: _____

- PLEASE USE THE BACK OF THIS FORM FOR ADDITIONAL INFORMATION
- IF A DOG IS RECEIVING MORE THAN 3 MEDICATIONS, PLEASE USE ADDITIONAL FORMS
- IMPORTANT: WE DISBURSE MEDICATION BASED ON YOUR WRITTEN INSTRUCTIONS, NOT BASED ON THE LABELS ON THE BOTTLES