



MEDICINE ADMINISTRATION - PAWESTRUCK DOGS  
**BEGINNING JANUARY 2019**

Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_ Weight: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Condition for which medicine is being administered:

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Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Method or instruction of administration:

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Time/frequency of administration:

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Relevant side effects: \_\_\_\_\_

Relevant concerns or reason to notify owner immediately:

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Medication shall be administered from: Date: \_\_\_\_\_ to Date: \_\_\_\_\_

Prescriber's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I (the owner) will always specify in the notes of my service request when this medication ***does*** need to be administered and instructions on where the medication can be found. If there are any changes to the above, I will notify Pawestruck management immediately.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

