



MEDICATION RECORD

Make sure that medications list the prescription number and name of the pharmacy so we can obtain a refill if your return is delayed

Cat's Name: _____ Breed: _____ Date: _____

Medication Name: _____

For what condition is this medication being given to your cat? _____

If medication is topical, specifically where and under what conditions, is it to be applied? _____

What is the dose to be given to your cat? _____

What is the schedule for giving the medication? _____

Is this medication to be given to your cat for the entire stay or only until the medication runs out? _____

If the medication should run out prior to your pick-up date, what would you like us to do? _____

Date: _____ Does your cat need the medication TODAY? Yes: _____ No: _____

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Client Signature

Date

Spouse or Partner Signature

Date

Print Name

Print Name