



ADDITIONAL MEDICAL TREATMENT FORM

Medication/Supplement Name:

For what condition is
The pet being treated?

Is there a specific way that
you give your pet their
medication/supplement?

Verify type of
Medication/supplement and
provide the exact count of
medication being left in our
facility.

Ointment
Count:

Oral
Count:

Other (Specify) Count:

Is this medication/supplement to
be administered daily or "As
Needed"?

Scheduled
Daily

AM
Dose:

Mid-
day
Dose:

P.M.
Dose:

As
Needed

If "As Needed", please specify maximum daily
dosage/frequency:



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