



Medication Form

This form must be completed by the **OWNER** for **EACH** prescription or non-prescription medication. Please note that all prescription medications will be administered to your pet exactly as indicated on the label by the vet. A new form is required every time your pet stays at Four Paws. Please review our prescription and non-prescription medication procedures for details on required information and applicable medication-administration fees.

Pet name: _____ Check-in date: _____

Medication name: _____

When did the medication start? _____

Does your pet require medication today? **YES** ☐ NO ☐ IF yes, when? _____

What time(s) to be given? _____AM _____LUNCH _____PM _____OUT OF HOURS

What is the medication for? _____

Will the course of treatment be completed while your pet is under our care? **YES** ☐ NO ☐ - IF yes, when? _____

How to give medication – Please tick – Please remember to bring in a pet-friendly treat to hide medication in

Before Food ☐ After Food ☐ In Food ☐ In a Treat ☐ In the Mouth ☐ In Water ☐ Other ☐ _____

I authorise the administration of the above medication to my pet and accept responsibility for providing accurate information regarding my pet's health and medication history.

Owner Signed: _____ Date: _____

Staff - Checked in by: _____ Double checked by: _____ Pen Number: _____

V1 – 2026



Medication Form

This form must be completed by the **OWNER** for **EACH** prescription or non-prescription medication. Please note that all prescription medications will be administered to your pet exactly as indicated on the label by the vet. A new form is required every time your pet stays at Four Paws. Please review our prescription and non-prescription medication procedures for details on required information and applicable medication-administration fees.

Pet name: _____ Check-in date: _____

Medication name: _____

When did the medication start? _____

Does your pet require medication today? **YES** ☐ NO ☐ IF yes, when? _____

What time(s) to be given? _____AM _____LUNCH _____PM _____OUT OF HOURS

What is the medication for? _____

Will the course of treatment be completed while your pet is under our care? **YES** ☐ NO ☐ - IF yes, when? _____

How to give medication – Please tick – Please remember to bring in a pet-friendly treat to hide medication in

Before Food ☐ After Food ☐ In Food ☐ In a Treat ☐ In the Mouth ☐ In Water ☐ Other ☐ _____

I authorise the administration of the above medication to my pet and accept responsibility for providing accurate information regarding my pet's health and medication history.

Owner Signed: _____ Date: _____

Staff - Checked in by: _____ Double checked by: _____ Pen Number: _____

V1 - 2026