



## 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.

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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



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