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**Medication Record**

Date: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ File# \_\_\_\_\_

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

For what condition is this medication being given to your dog?  
\_\_\_\_\_

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

What is the dose to be given to your dog? \_\_\_\_\_

What is the schedule for giving the medication? \_\_\_\_\_

Is this medication to be given to your dog 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 dog need the medication TODAY? Yes: \_\_\_\_ No: \_\_\_\_

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