



81R Prospect St. Peabody, MA 01960

Medication Form

Owner Name: _____ Pet's Name: _____

Owner Signature: _____ Date: _____

Medication Name: _____

Medication Strength/Size: _____ **Quantity:** _____

Route of Administration: By Mouth For Ears For Eyes For Skin Injectable

If Injectable, please select: Under the Skin (SQ) Into the Muscle (IM) Not Applicable

Directions: _____

For what condition/ailment is this medication treating? _____

How do you give this medication? Given in Pill Pocket Given in Food Given Manually

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Medication Strength/Size: _____ **Quantity:** _____

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How do you give this medication? Given in Pill Pocket Given in Food Given Manually