



**MEDICATION RECORD**

Make sure that medications list the prescription number and name of the pharmacy so we can obtain a refill if your return is delayed

Cat's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

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

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Date: \_\_\_\_\_ Does your cat need the medication TODAY? Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name