

Pet Name:	Breed:
Owner Name:	Phone #:

Allergies (describe reaction):

This log is for you to record when medication is given and is particularly helpful if more than one person is giving the medication. Follow the medication schedule we provide exactly and give prescribed medications for the length of time indicated! If your pet appears ill after medication is given, call us. The veterinarian may decide to stop or change the medication, or the administration schedule may be adjusted.

Certain medications may interact with another medication on your list, so it is important that this list is correct and up-to-date. If you stop giving your pet a medication or start providing a new medication, be sure to update this list and always keep a copy with you. If you have any questions about the medication or filling out this form, please contact us or your primary care veterinarian.

List each prescription diet and medication, non-prescription medication, vitamin, herbal and naturopathic product in the table below. For each medication, write the dose and number of pills your pet is given at the listed times. If their medication time is not on the list, record the time in the "Other" column. (see example in first row). If the medication name is unknown, describe the pill under 'Medication Name' and indicate why you are giving it to your pet.

Medication Name	Dose or Strength	AM	Noon	PM	Bedtime	Other	As Needed
Example Only: Prednisone	5 mg	1/2		1/2			

Form Completed By: _____ **Date:** _____

Blank forms are available on our website. We also recommend recording signs of discomfort/pain, urination, bowel movements, physical therapy, and/or exercise. Such information is a great source for the veterinary team when tracking improvements or problems with recovery.

DO NOT GIVE ANY OVER-THE-COUNTER MEDICATIONS TO YOUR PET – THEY MAY HAVE SERIOUS SIDE EFFECTS, ESPECIALLY WHEN GIVEN WITH THE DRUGS YOUR PET HAS BEEN PRESCRIBED!!