

Funny Faces Medication & Supplement Form

Pet Name: _____ Owner Name: _____ <i>My signature indicates that these are medicines to be given to my pet and the directions are correct for administration.</i> Signature: _____ Today's Date: _____	Check In Date: _____ Check Out Date: _____ Staff Check-In Initials: _____
--	--

Medication One	Medication Name: _____ What is the medication treating? _____ How would you like the medication administered (please fill in below): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Cap/Tab</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Insulin</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> AM Dose: _____</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> PM Dose: _____</td> </tr> </table> Has the med been given today? <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> None	<input type="checkbox"/> Cap/Tab	<input type="checkbox"/> Insulin	<input type="checkbox"/> Other: _____	<input type="checkbox"/> AM Dose: _____	<input type="checkbox"/> PM Dose: _____	
<input type="checkbox"/> Cap/Tab	<input type="checkbox"/> Insulin	<input type="checkbox"/> Other: _____					
<input type="checkbox"/> AM Dose: _____	<input type="checkbox"/> PM Dose: _____						
	Notes: _____ _____ _____						

Medication Two	Medication Name: _____ What is the medication treating? _____ How would you like the medication to be administered (please fill in below): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Cap/Tab</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Insulin</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> AM Dose: _____</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> PM Dose: _____</td> </tr> </table> Has the med been given today? <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> None	<input type="checkbox"/> Cap/Tab	<input type="checkbox"/> Insulin	<input type="checkbox"/> Other: _____	<input type="checkbox"/> AM Dose: _____	<input type="checkbox"/> PM Dose: _____	
<input type="checkbox"/> Cap/Tab	<input type="checkbox"/> Insulin	<input type="checkbox"/> Other: _____					
<input type="checkbox"/> AM Dose: _____	<input type="checkbox"/> PM Dose: _____						
	Notes: _____ _____ _____						

Medication Three	Medication Name: _____ What is the medication treating? _____ How would you like the medication to be administered (please fill in below): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Cap/Tab</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Insulin</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Other: _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> AM Dose: _____</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> PM Dose: _____</td> </tr> </table> Has the med been given today? <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> None	<input type="checkbox"/> Cap/Tab	<input type="checkbox"/> Insulin	<input type="checkbox"/> Other: _____	<input type="checkbox"/> AM Dose: _____	<input type="checkbox"/> PM Dose: _____	
<input type="checkbox"/> Cap/Tab	<input type="checkbox"/> Insulin	<input type="checkbox"/> Other: _____					
<input type="checkbox"/> AM Dose: _____	<input type="checkbox"/> PM Dose: _____						
	Notes: _____ _____ _____						

Instructions: Download the fillable documents to your computer, then fill them out and save them as a pdf.