

MEDICATION LOG FOR RED BLUFF PET RESORT

Red Bluff Pet Resort will administer oral or topical medications for an additional fee of \$1 per day per pet. Prescription medications must be provided in prescription containers which include the pet's name, the name of the medication, the name of the dispensing doctor and/or veterinary hospital, and clear, written instructions for administering the medication. If medications are not properly labeled, a medication bag and label will be provided to you.

(To be filled out by owner)			W 11 #0						
Medication #1:			Medication #2:	Churou	la				
Medication Name	Stren	gth	Medication Name		9				
Dosage/Instructions		_	Dosage/Instructions						
Frequency (circle all that apply) Morn Notes:	9	8	Frequency (circle all that apply) Notes:	<u> </u>	□ Evening				
Medication #3:			Medication #4:						
Medication Name	Stren	gth	Medication Name	Stren	Strength				
Dosage/Instructions			Dosage/Instructions						
Frequency (circle all that apply) Morn Notes:	9	S	Frequency (circle all that apply) \square M	G	8				
medication for the duration of your labeled containers.			ructions provided. It is the owner's respon is not responsible if your pet runs out of 1		-				
Owner's Name			Pet's Name						
Owner's Signature									

MEDICATION LOG FOR RED BLUFF PET RESORT (THIS SHEET FOR OFFICE USE ONLY)

Owner's Name				Pet's Name					Month/Year																							
Pet's Known M	edical (Conc	ditio	ns _																												
Medication:	DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Strength/Dosage:	AM																															
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Reason/Condition:	PM																															
	Other																															
Medication:	DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Strength/Dosage: Noon	Noon																															
Reason/Condition:	PM																															
	Other																															
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Strength/Dosage:	AM																													<u> </u>		-
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Reason/Condition:	PM																		-											-		
	Other																															
Medication:	DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Strength/Dosage:	AM																															
	Noon																															
Reason/Condition:	PM																															
	Other																															

Notes:

^{*}One medication log per pet

^{*}Initial for the date and time that the medication is given

^{*}If the medication is given over multiple calendar months, a second sheet for the new month needs to be made. Give sheets to Shanna at the end of the month.