

# Kieffer's Kennel Boarding & Grooming

520 West 28<sup>th</sup> Division Highway (Rt 322)

Lititz, PA 17543

(717) 626-6961

Hours: Mon., Tues., Thurs., Fri. 8 am – 6 pm

Wed., Sat 8 am-10 am, Sun. 5 pm – 6 pm

(We reserve the right to change hours)

## MEDICATION INSTRUCTION FORM

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Medication/Supplement Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

(ex: 1 tablet 50 mg, 1 drop)

Type of Medication: Oral \_\_\_\_\_ Topical \_\_\_\_\_ Other(Specify) \_\_\_\_\_

Start Date: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ End Date: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Frequency: AM only \_\_\_\_\_ PM only \_\_\_\_\_ AM & PM \_\_\_\_\_ Other \_\_\_\_\_

Regular Schedule: ( only to be completed if dosages vary) AM amount \_\_\_\_\_ PM amount \_\_\_\_\_

Other(specify) :

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If Topical: Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_ Both Ears \_\_\_\_\_

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both Eyes \_\_\_\_\_

Other(specify)

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What condition/ailment is your pet being treated for? \_\_\_\_\_

Additional information/instructions:

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Signature of Pet Owner or Owner's Agent \_\_\_\_\_ Date \_\_\_\_\_