

# HOP-IT HOLIDAYS

## MEDICATION CONTRACT

All medications including Over-the-counter medications must be presented in original packaging, vials etc. If this is a prescription medication the pets name must appear on the bottle or packaging. Any vitamins/ supplements must be also indicated on this form. We cannot accept medications/ supplements already placed in baggies/ containers.

Name of Pet on Medication: \_\_\_\_\_

Date: \_\_\_\_\_ Breed/ Species: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Prescribing Vet Clinic(s): \_\_\_\_\_

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

Reason for Medication/ Supplement: \_\_\_\_\_

Dosage Amount per Administration Time	Times of Day to Administer	First Date & Time we Administer	Last Date & Time we Administer	Refrigerate Y?N
Are pills pre-cut? Yes/ No/ Not Applicable		Did you pack extra? If so how much?		
Additional Notes				

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

Reason for Medication/ Supplement: \_\_\_\_\_

Dosage Amount per Administration Time	Times of Day to Administer	First Date & Time we Administer	Last Date & Time we Administer	Refrigerate Y?N
Are pills pre-cut? Yes/ No/ Not Applicable		Did you pack extra? If so how much?		
Additional Notes				

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

Reason for Medication/ Supplement: \_\_\_\_\_

Dosage Amount per Administration Time	Times of Day to Administer	First Date & Time we Administer	Last Date & Time we Administer	Refrigerate Y?N
Are pills pre-cut? Yes/ No/ Not Applicable		Did you pack extra? If so how much?		
Additional Notes:				

