MEDICATION RECORD

Dog Name:	Breed:
Arrival date:/ Departure Date:/	
Medication #1	Medication #2
Name:	Name:
Dosage:	Dosage:
How often?:	How often?:
Special instructions?	Special instructions?
(i.e. "given with meal", "left ear only", "increases thirst", etc.):	(i.e. "given with meal", "left ear only", "increases thirst", etc.):
If this medication runs out does it need to be	If this medication runs out does it need to be
refilled?YesNo	refilled?YesNo
All fields below to be completed by Taurus: Date: A.M. Noon P.M.	All fields below to be completed by Taurus: Date: A.M. Noon P.M.
Notes:	Notes: