Saint Francis
PET CARE CENTER

Resort Medication List

Client: ________________ **In Date: _____ Out Date: _____**
Pet: ________ Age: _____ Breed: _____ **Run: _____ Suite: _____ Hospital: _____**
Sex: _____ Color: _____ Wt: _____

Med #1:	**Med #2:**	**Med #3:**	**Med #4:**
____________________	____________________	____________________	____________________
Directions:	Directions:	Directions:	Directions:
____________________	____________________	____________________	____________________
____________________	____________________	____________________	____________________
Start: AM / 12 / PM	Start: AM / 12 / PM	Start: AM / 12 / PM	Start: AM / 12 / PM
AM / 12 / PM	AM / 12 / PM	AM / 12 / PM	AM / 12 / PM
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By signing below I agree that the medications and / or supplements listed above can be given to my pet according to the documented instructions on the veterinarian prescribed Rx labels or the instructions that I have provided to the St. Francis Pet Care Center staff. I understand that all medications with instructions of GIVE AS NEEDED must be approved by the attending veterinarian and that the veterinarian will perform a complete physical exam on my pet in order to determine that the medication and dosing are appropriate. I further understand that I will be responsible for an examination fee if it is completed on my pet.

X ____ Date: ____________