



Hush Puppy's Pet Services LLC

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PET MEDICATIONS

Pet Owner: _____

Date: _____

Pet Name: _____

Purpose of Medication: _____

Medication Name: _____ Color : _____ Dosage: _____

How many times a day is it to be given? _____ At what times? _____

Pill or liquid _____ Does pet take medication well? _____

How do you usually give medication to pet? _____

In pill form, do you object to us placing pill in peanut butter and giving to the pet in this manner?

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NOTES: