



# Pet Spas & Suites Check In-Form

## MEDICATION INSTRUCTIONS

\_\_\_\_\_ 's Medication Instructions

Please be as specific as possible, leave blank if not medicating that time of day.

Morning	
Type (i.e. name of medication)	Amount (i.e. 1 pill, 6 units, ect..)
Afternoon	
Type (i.e. name of medication)	Amount (i.e. 1 pill, 6 units, ect..)
Evening	
Type (i.e. name of medication)	Amount (i.e. 1 pill, 6 units, ect..)

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### Additional Medication Questions

How does your pet take his or her medication? (i.e. hidden in a treat, hidden in cheese, directly in food, etc.)	
What are the medications for? Please list medication followed by ailment it treats. (i.e. benadryl for allergies, tramadol for pain management, etc.)	
Do any of the medications require re Fridgeration? If so, please specify with names of medication.	
What steps should we take if your pet will not take said medication? (i.e. biting, refusal to eat, etc.)	

### For Diabetic Pets

How much of their food do they have to have before we can administer insulin? Please circle one or specify if neither.	1.) At least half of meal provided    2.) Must eat entire meal    3.) Other _____
We would like to keep your routine as similar as possible, how do you go about administering insulin? (i.e. tell them "shot time," second person to hold, follow with treat, etc.)	
When do we administer the insulin? (i.e. within a half hour of finishing food, immediately, etc.)	