CompanionClubDogPark, LLC

Run...Swim...Play, What else could a dog want in a dog park?

Medication Information

Pets Name _____

Owners Name _____

Arrival Date _____

Complete a section for EACH medication, treatment or supplement. Please be specific and provide all information. If needed please print more than one sheet.

Medication Name _____ **Treatment for** _____

Will the course of treatment be completed while your pet is in our care? ☐ Yes ☐ No

☐ Capsule ☐ Tablet ☐ Ointment ☐ Injection ☐ Drops ☐ Spray ☐ Powder

☐ Other _____

Frequency: ☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ Other _____

_____

Administration: ☐ Eats as treat ☐ Oral ☐ In meal ☐ Injection Site _____

☐ In Snack ☐ Peanut Butter ☐ Cheese ☐ Canned Food ☐ Other _____

Other Instructions: _____

Medication Name _____ **Treatment for** _____

Will the course of treatment be completed while your pet is in our care? ☐ Yes ☐ No

☐ Capsule ☐ Tablet ☐ Ointment ☐ Injection ☐ Drops ☐ Spray ☐ Powder

☐ Other _____

Frequency: ☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ Other _____

_____

Administration: ☐ Eats as treat ☐ Oral ☐ In meal ☐ Injection Site _____

☐ In Snack ☐ Peanut Butter ☐ Cheese ☐ Canned Food ☐ Other _____

Other Instructions: _____

(614) 792-2619
Fax: Coming Soon

6306 Home Road
Delaware, OH 43015

www. ColumbusDogPark.com
info@ColumbusDogPark.com