

BOARDING MEDICATION FORM

Cat's Name: _____

Name of medication: _____

How often is medication given?: _____

What is the quantity for each dose?: _____

Last dose was given at: (Date) _____ (Time) _____

Cat's Name: _____

Name of medication: _____

How often is medication given?: _____

What is the quantity for each dose?: _____

Last dose was given at: (Date) _____ (Time) _____

Cat's Name: _____

Name of medication: _____

How often is medication given?: _____

What is the quantity for each dose?: _____

Last dose was given at: (Date) _____ (Time) _____

Please read the following if your cat is diabetic:

A blood glucose check will be performed prior to the first dose of insulin. Additional blood glucose checks will be performed as needed, which is to be determined by Dr. Summers.

We reserve the right to examine, adjust insulin dosage, syringe feed, and provide any medical care deemed necessary to maintain the health and well-being of your diabetic pet while boarding at The Scratching Post. The hospital and staff will not be held liable for problems that develop provided reasonable care and precautions are followed.

_____/_____
(Signature) (Date)