



Grandview Estates Pet Lodge Medication Intake Form

Please fill this form out **ONLY** if you require Grandview Estates Pet Lodge to administer medications, vitamins, or supplements while your dog is boarding with us.

If medications change, it is your responsibility to update this form each time you board.

(ALL MEDICATIONS MUST BE IN ORIGINAL PACKAGING)

Owner/Guardian: _____

Dog's name: _____

Medication 1:

Medication name: _____

Type: Pill/Capsule/Chew Insulin Liquid Gel Cream Spray Powder

When to administer (check all that apply): Morning Noon Evening Other

If other, when: _____

Reason for medication: _____

Dosage: _____

How to give medication: _____

Additional Instructions: _____

Medication 2:

Medication name: _____

Type: Pill/Capsule/Chew Insulin Liquid Gel Cream Spray Powder

When to administer (check all that apply): Morning Noon Evening Other

If other, when: _____

Reason for medication: _____

Dosage: _____

How to give medication: _____

Additional Instructions: _____

Medication 3:

Medication name: _____

Type: Pill/Capsule/Chew Insulin Liquid Gel Cream Spray Powder

When to administer (check all that apply): Morning Noon Evening Other

If other, when: _____

Reason for medication: _____

Dosage: _____

How to give medication: _____

Additional Instructions: _____

Signed: _____ Date: _____

Printed Name: _____

Please note: 1. Use additional forms if there are additional medications, supplements, or vitamins.