



## **Medication Intake Form**

Please fill this form out ONLY if you require Meraki Canine to administer medications, vitamins, or supplements while your dog is boarding overnight with us.

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

**Owner/Guardian:** \_\_\_\_\_

**Dog's name:** \_\_\_\_\_

### **Medication 1:**

**Does this medication require refrigeration? (circle one) YES NO**

**Medication name:** \_\_\_\_\_

### **Type:**

☐ Pill/Capsule    ☐ 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:**

**Does this medication require refrigeration? (circle one) YES NO**

**Medication name:** \_\_\_\_\_

**Type:**

☐ Pill/Capsule    ☐ 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:** \_\_\_\_\_

**Owner/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_