



Down Home Dog Resort Boarding / Daycare Medication Intake Form

Please fill this form out **ONLY** if you require Down Home Dog Resort 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: _____

Signed: _____ Date: _____

Printed Name: _____

Please note: Use additional forms if there are additional medications/supplements/vitamins.