

GOCHENAUER KENNELS, INC.

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Medication/Supplement Name \_\_\_\_\_

Dosage (ex: 1 tablet 50mg, 1 drop) \_\_\_\_\_

Start Date \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

End Date \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Type of Medication Oral \_\_\_\_\_ Topical \_\_\_\_\_ Other (specify) \_\_\_\_\_

Frequency AM only \_\_\_\_\_ PM only \_\_\_\_\_ AM & PM \_\_\_\_\_ Other (specify) \_\_\_\_\_

Regular Schedule (only to be completed if dosages vary) AM amount \_\_\_\_\_ PM amount \_\_\_\_\_

Other (specify) \_\_\_\_\_  
\_\_\_\_\_

If topical Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_ Both Ears \_\_\_\_\_

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Both Eyes \_\_\_\_\_

Other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What condition/ailment is your pet being treated for? \_\_\_\_\_

Additional information/instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of pet owner or owner's agent \_\_\_\_\_ Date \_\_\_\_\_