



Monte Vista Pet Lodge
Lodger Medication Information

For your pet’s health and safety please fill out all the below information in regards to their medications.

Pets Name: _____ **Owners Name:** _____

Medication Name: _____ **Dose:** _____

Route (How this medication is given): _____

How often is this medication given?

- Once Daily - When is it given? AM Noon PM
- Twice Daily (AM/PM)
- 3 Times Daily (AM/Noon/PM)
- As Needed (PRN) – Please list the symptoms we should watch for to give medication

- One Time Dose – Please list the date and time we need to provide this medication

Please provide additional information you feel will be helpful for our team to know.

Medication Name: _____ **Dose:** _____

Route (How this medication is given): _____

How often is this medication given?

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Please provide additional information you feel will be help for our team to know

By signing this document, I acknowledge that I have provided accurate information in regards to my pet’s care during their time at Monte Vista Pet Lodge. I acknowledge that this form and information within will remain in effect until which point I notify MVPL staff of changes in prescriptions.

Owner Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____