



Paw-fectly Pampered Pet Sitting

Pet Medications

209-226-5100
pawfectlypampered@gmail.com

Pet Owner: _____

Pet Name: _____

Dates of Medication: _____

Purpose of Medication: _____

Medication: _____ Dosage: _____

How many times a day is it to be given? _____ At what times: _____

Pill or liquid (circle one) Does the pet take it well? _____

If pill form, do you object to me placing the pill in peanut butter/or another treat and giving it to the pet in this manner? _____

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