Medication Form

Pet’s First Name: ___________________________ Last Name: ___________________________

Is your pet allergic to any food (human or pet)?  □ Yes  □ No
If yes, what? ___________________________

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Verified medication as acceptable:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Associate Initials:</td>
</tr>
</tbody>
</table>

For what condition/ailment is the pet being treated?

Is there any special way that you give your pet medication?

Verify type of medication – count of prescription meds only

- [ ] Ointment
  - Count: [ ]
- [ ] Oral
  - Count: [ ]
- [ ] Other - Specify:
  - Count: [ ]

Is this medication to be administered regularly or on an “as needed” basis?

- [ ] Regularly scheduled
- [ ] As Needed

If you selected ‘As Needed” – specify the maximum daily dosage/frequency:

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If you selected ‘As Needed” – specify the maximum daily dosage/frequency:

By signing, I give permission for PetSmart to administer the above medications or supplements to my pet.

Pet Parent (signature): ___________________________ Date: ___________________________

August 2023

PetSmart LLC Confidential
MEDICATION CALENDAR

To be completed by PetsHotel Leader or Lead. Indicate the check-in and check-out time in the “Notes” section below. Mark “NA” in each applicable time slot where the pet did not receive medication (at the scheduled time to be administered or assessed) due to check-in and/or check-out times. Include the exact time the medication was administered and the initials of the person administering it under AM/Noon/PM. Pets receiving medications “As Needed” must be evaluated at a minimum of three times daily (AM/Noon/PM) - confirm that the maximum daily dosage/frequency has not been exceeded prior to medicating.

**Pet’s Name:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Med(s)</th>
<th>AM</th>
<th>Noon</th>
<th>PM</th>
<th>Notes</th>
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**Bin Number:**
**Room Number:**
**Check-In Date:**
**Check-Out Date:**
**Leader/Lead Initials:**