

# Canine College Student Med Form



Owners are required to complete this form whenever a dog enters our facility and owner requests we administer medications

Dogs Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Condition requiring Medication: \_\_\_\_\_

Name of Veterinarian who prescribed medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

How Much (Meds) \_\_\_\_\_ How often or When: \_\_\_\_\_

*I authorize Canine College to administer the above named medication to my dog as prescribed and authorized by me below.*

**Owner Signature (REQUIRED)** \_\_\_\_\_

**Please place an “X” in the appropriate box below along with the date**

Weekday	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
AM							
Noon							
PM							

Weekday	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
AM							
Noon							
PM							

Weekday	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
AM							
Noon							
PM							

Staff: A copy to go in Dog’s File, a copy to be placed with feeding form.