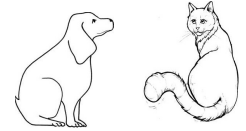




Pet Medication Chart



Medication: _____ **Dosage:** _____ Times per day: _____
 Times to take: _____ # of days: _____
 How taken: Mouth / Cream / Drops / Injection / Transdermal # of Pills _____ CC 's _____ Tsp's _____
 Ears: _____ Right _____ Left Eyes: _____ Right _____ Left
 Take: Before Eating / After Meals / Night Empty Stomach / With Food
 Instructions & Precautions: _____

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To change information,
wipe off with alcohol.

Pet Identification Info ⇨ ⇨ ⇨