

Medication Sheet

Pet's Name: _____

Date: _____

Name of Medication	What is the medication for?	How much?	How often? AM/PM

Yes or No Does your instructions match the label(s) on the bottle(s)?

Yes or No Any special way to administer medication(s)?

Yes or No Any medication(s) that must be refilled if we run out?

Yes or No Anything else we need to know?

CBD OIL Purchase Only:

_____ Initial The food and Drug Administration has not evaluated these statements and this product is not intended to diagnose, treat, cure, or prevent any disease. This is an off label use in our pets.

Client's Signature: _____

TM: _____