



Rocky's Retreat Boarding / Daycare Medication Intake Form

Please fill this form out ONLY if you require Rocky's Retreat to administer medication while your dog is boarding overnight with us. If medications change, it is your responsibility to update this form each time you board.

Owner/Guardian: _____

Dog's name: _____

Medication 1:

Medication name: _____

Type: Pill/Capsule Liquid Gel Cream Spray Powder

When to administer (check all that apply): Morning Noon Evening Other

Dosage: _____

Special Instructions: _____

Reason for medication: _____

Medication 2:

Medication name: _____

Type: Pill/Capsule Liquid Gel Cream Spray Powder

When to administer (check all that apply): Morning Noon Evening Other

Dosage: _____

Special Instructions: _____

Reason for medication: _____

Additional Instructions: _____

Signed: _____ Date: _____

Printed Name: _____

Please note: 1. Use additional forms if there are additional medications.
2. We are unable to give injections.