



## ***Medication Instructions:***

Please fill out a new form for each pet and each stay!!

**Pet First Name:** \_\_\_\_\_ **Last:** \_\_\_\_\_

My Pet requires medication during their stay during the dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

I give Luxemburg Pet Resort permission to administer these medications to my pet.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Condition being treated: \_\_\_\_\_

**Medication:** \_\_\_\_\_; Pills / Liquid / Injectable / Other: \_\_\_\_\_

Strength: \_\_\_\_ mg/mL/units Dosage: \_\_\_\_ AM / PM / Both / Other: \_\_\_\_\_

Eyes: Right / Left / Both Instructions: \_\_\_\_\_

Ears: Right / Left / Both Instructions: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM or Until Finished or End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Condition being treated: \_\_\_\_\_

**Medication:** \_\_\_\_\_; Pills / Liquid / Injectable / Other: \_\_\_\_\_

Strength: \_\_\_\_ mg/mL/units Dosage: \_\_\_\_ AM / PM / Both / Other: \_\_\_\_\_

Eyes: Right / Left / Both Instructions: \_\_\_\_\_

Ears: Right / Left / Both Instructions: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM or Until Finished or End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Condition being treated: \_\_\_\_\_

**Medication:** \_\_\_\_\_; Pills / Liquid / Injectable / Other: \_\_\_\_\_

Strength: \_\_\_\_ mg/mL/units Dosage: \_\_\_\_ AM / PM / Both / Other: \_\_\_\_\_

Eyes: Right / Left / Both Instructions: \_\_\_\_\_

Ears: Right / Left / Both Instructions: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM or Until Finished or End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_