



GUEST MEDICATION INFORMATION

Cat Parent Name: _____ Cat Name: _____ Date: _____

	Name of medication	Dosage	Strength of dose	Frequency	Purpose	How to administer
Example	Insulin	10 Units	Strength of dose (i.e., 10 units)	With meals (2x per day)	Control Diabetes	Injection. Under skin on shoulder
Rx 1						
Rx 2						
Rx 3						
Rx 4						
Rx 5						

Do the original medication labels prescribed by my veterinarian match this schedule? Yes No

Do I have a veterinarian note stating that my cat is stable to board? Yes No