



Pet Medication Log

To be completed by the client:

Client's name: _____

Name of pet/s to receive medication: _____

Name of medication/where medicine is kept: _____

Dosage instructions: _____

**Please note if you have a multiple pet household, a special indicator (unique color collar, etc. should be placed on the pet that should receive medication.) Please list the unique identifier here:*

Client signature: _____

To be completed by sitter:

Date	Time	Sitter's Name	Medication	Dosage	Notes
		KATHY			
		KATHY			
		KATHY			
		KATHY			
		KATHY			
		KATHY			
		KATHY			



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*** IMPORTANT: Please leave the medications/vitamins in their original packaging or medication bottles. ***