

UPR Medication Form

Pet Name:	Date:
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**All medication(s) must be in the original labeled bottle.**  
The cost of this service is \$4.50 per day, and there is an added \$.50 charge for eye / ear medications. The cost of this service is \$7.50 if administered more than twice per day, and there is an added \$.50 charge for eye / ear medications.

Name of medication:

Directions for medication:

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Owner's Signature _____
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