

Date:

MEDICATION SCHEDULE

Medication:

Please List anything else that is relevant:

Dosage:

How Many times per day?

- Once
- Twice
- Other

Time of Day:

Time of Night:

Food Before or after medicine?

- Before
- After
- Access to food all day/night

If there is difficulty in giving the medicine is it okay to give treats to entice your cat into taking the medicine? (ie. pill pocket/treat)

- Yes
- No

Any signs to watch out for (ie. a diabetic cat not feeling well/having low sugar levels)