Pets Name: GOLDY & SHIRO Wt: _____ Date: 14 MAY 2026

Owners Name: carmalc Gender: _____

Contact Number _____ Species: _____

Diagnosis: Pet Boarding INF ☐ NON-INF ☐

DATE/TIME	MEDICATIONS			DOSE/ROUTE	REMARKS
Cheyrapoone	Cystocure (SID)	✓		1 1/2 tab / PO	+1 SDA
	Methiovet 1 (BID)	✓		1/2 tab / PO	+1 special Delight can
05-20-26	Methiovet 1	✓		1/2 TAB / PO	+1 special Polish can 05/15
	Cystocure	✓		1 1/2 tab / PO	+1 Pyramid hill 5/16 (sam)
	Methiovet 2	✓		1/2 tab / PO	+1 SDA
5-21-26	Methiovet 2	✓		1/2 tab PO	+1 Pyramid hill 5/17 (sam)
	Methiovet 3	✓		1/2 tab / PO	
	Cystocure	✓		1 1/2 tab / PO	+1 Pyramid hill 5/18 (sam)
05/22 AM	Methiovet 3	✓		1/2 tab	
					+1 SDA (MAY 18, 2026)
					Goldy Urinalysis (C/O Fpay)
					+1 Pyramid hill 5/20 (sam)
					+1 PYRAMID HILL (5-20-26)
					+1 SDA 5/21 (sam)
					+1 Pyramid 5/22 (5:20am)
					PATIENT'S BELONGINGS: