Pets Name: Joy Check **Wt:** _____ **Date:** _____

Owners Name: _____ **Gender:** _____

Contact Number _____ **Species:** _____

Diagnosis: _____ **INF** ☐ **NON-INF** ☐

DATE/TIME	MEDICATIONS			DOSE/ROUTE	REMARKS
5-14-26	IV52	✓		1.5 ml	
	metromid	✓		4ml	1/1 Singen Semi Liquid (5/14) (4:45 pm)
	metrotec DS	✓		1 Tab	
	renal P	✓		1 scoop	
	Gastrickpet			5ml	
	co-amox (nacid ref)	✓		2ml	
	~~IV 52~~	✓		1.5 cc / po	
	~~Metro-Mid~~	✓		4 cc / po	
	~~Metro DS~~	✓		1 tab / po	
	~~Renal P.~~	✓		1 scoop	
	~~Omeprazole~~			½ tab / po	
	~~Gastrickpet~~			5 cc / po	
	~~Co-amox~~	✓		2 cc / po	
	~~Metoclopramide~~			4 cc / po	
5-15-26	IV52	✓		1.5ml	
	metro-mid	✓		4ml	
	metrotec DS	✓		1tab	
	renal P	✓		1scoop	
	Gastrickpet			5ml	
	co-amox	✓		2ml	
					PATIENT'S BELONGINGS: