

Example!



COLORADO FELINE FOSTER RESCUE FOSTER MEDICATION LOG

Please refer to your foster medication log for medication dosing. To access the medication from your Boston Bottle, please keep your Boston Bottle closed and capped and shake the medication if directed. Then set the Boston Bottle upright, and removed the red cap from the top of the bottle. Put your syringe directly into the top of the bottle while still upright, then pick up the bottle and turn it upside down with the syringe still attached to the top. Pull the syringe plunger back until the medication lines up with your foster cat's dosing. Then give kitty the medication. Please contact Cari at 303-888-7238 or email us at info@coloradofelinefosterrescue.org with any questions or concerns.

Cat/kitten: Sassy Treating: Upper respiratory infection

Foster: Meding

Medication 1: Clavamox Instructions: give 0.1ml by mouth twice/day for 10 days

Medication 2: Metronidazole Instructions: give 0.1ml by mouth twice/day for 10 days

Medication 3: Tobramycin Instructions: Apply one drop to each eye twice/day for 10 days

one column = 10 days

Date: <u>6/1/22</u> Initials <u>KM</u> Time given AM <u>8</u> PM <u>8</u>	Date: _____ Initials _____ Time given AM _____ PM _____	Date: _____ Initials _____ Time given AM _____ PM _____
Date: <u>6/2/22</u> Initials <u>KM</u> Time given AM <u>7</u> PM <u>7</u>	Date: _____ Initials _____ Time given AM _____ PM _____	Date: _____ Initials _____ Time given AM _____ PM _____
Date: <u>6/3/22</u> Initials <u>KM</u> Time given AM <u>7</u> PM <u>7</u>	Date: _____ Initials _____ Time given AM _____ PM _____	Date: _____ Initials _____ Time given AM _____ PM _____
Date: <u>6/4/22</u> Initials <u>KM</u> Time given AM <u>8</u> PM <u>8</u>	Date: _____ Initials _____ Time given AM _____ PM _____	Date: _____ Initials _____ Time given AM _____ PM _____
Date: <u>6/5/22</u> Initials <u>KM</u> Time given AM <u>7</u> PM <u>7</u>	Date: _____ Initials _____ Time given AM _____ PM _____	Date: _____ Initials _____ Time given AM _____ PM _____
Date: <u>6/6/22</u> Initials <u>KM</u> Time given AM <u>8</u> PM <u>8</u>	Date: _____ Initials _____ Time given AM _____ PM _____	Date: _____ Initials _____ Time given AM _____ PM _____
Date: <u>6/7/22</u> Initials <u>KM</u> Time given AM <u>8</u> PM <u>8</u>	Date: _____ Initials _____ Time given AM _____ PM _____	Date: _____ Initials _____ Time given AM _____ PM _____
Date: <u>6/8/22</u> Initials <u>KM</u> Time given AM <u>6:30</u> PM <u>6:30</u>	Date: _____ Initials _____ Time given AM _____ PM _____	Date: _____ Initials _____ Time given AM _____ PM _____
Date: <u>6/9/22</u> Initials <u>KM</u> Time given AM <u>8</u> PM <u>8</u>	Date: _____ Initials _____ Time given AM _____ PM _____	Date: _____ Initials _____ Time given AM _____ PM _____
Date: <u>6/10/22</u> Initials <u>KM</u> Time given AM <u>7</u> PM <u>7</u>	Date: _____ Initials _____ Time given AM _____ PM _____	Date: _____ Initials _____ Time given AM _____ PM _____

PLEASE EMAIL/TEXT A PHOTO OF THIS MEDICATION LOG TO CARI AS SOON AS TREATMENT IS COMPLETE!