

16TH AVENUE ANIMAL HOSPITAL

5970 - 16th Avenue Animal Hospital, Unit 104, Markham, On L3P 7R1

905-554-7210

DAILY SCHEDULE FOR ADMINISTRATION OF CORTICOSTERIOD DRUGS

Owner: _____

Drug: _____

Patient: _____

Date to Begin: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
							AM
							PM
							AM
							PM
							AM
							PM
							AM
							PM

Give dose in AM _____ PM _____ Every _____ HOURS.

Note:

Continue to reduce the number of pills/tablets to the minimum number that will control the problem.

It is important that the pills/tablets be given on alternate days.

Report lack of response or signs such as excess thirst/drinking or urination to us immediately.