

## Instructions:

### Fill in form with the Add Text Comment Tool

1. Click the **Sign, add text or send a document for signature** button on the top tool bar



Country K9 Medication Form.pdf - Adobe Reader

File Edit View Window Help

Tools Sign Comment

Sign, add text or send a document for signature

**CountryK9**  
- Pet Board & Sign -

**Medication Form** Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Is your pet allergic to any food (human or pet)?  Yes  No  
If yes, what? \_\_\_\_\_

Medication Name	
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or the **Sign** button on the right hand side.

Country K9 Medication Form.pdf - Adobe Reader

File Edit View Window Help

Tools Sign Comment

Sign Document

**CountryK9**  
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**Medication Form** Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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If yes, what? \_\_\_\_\_

Medication Name	
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The **File & Sign** options are displayed on the right hand side:

Country K9 Medication Form.pdf - Adobe Reader

File Edit View Window Help

Tools Sign Comment

I Need to Sign

**Fill & Sign**

- Add Text
- Add Checkmark
- Place Initials
- Place Signature

Signed. Proceed to Send

Powered by Adobe EchoSign

Get Others to Sign

Work with Certificates

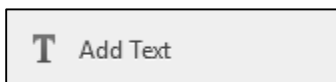
**CountryK9**  
- Pet Board & Sign -


**Medication Form** Date: \_\_\_\_\_

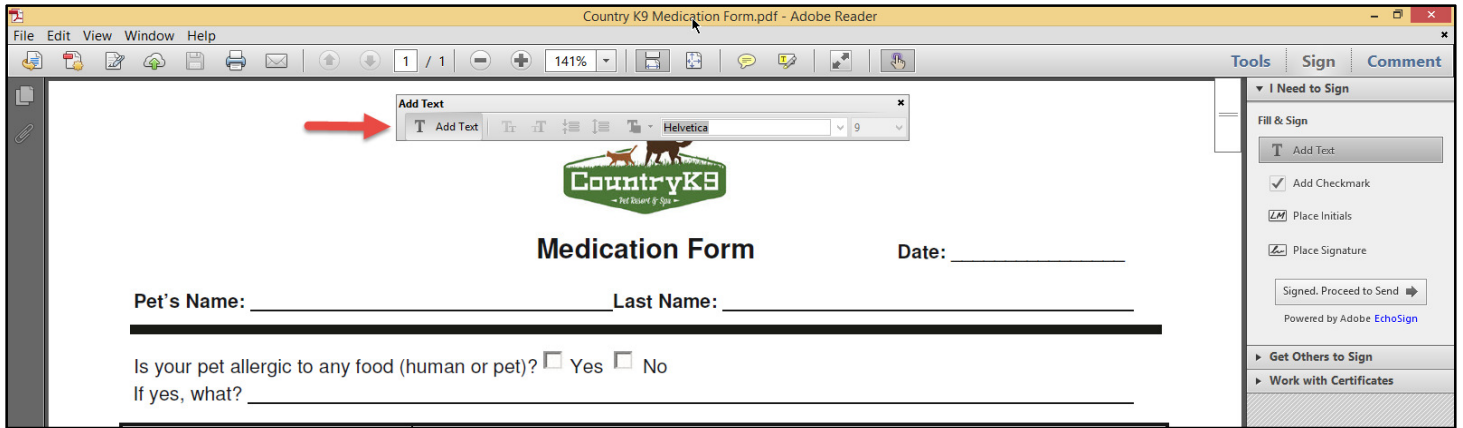
Pet's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Is your pet allergic to any food (human or pet)?  Yes  No  
If yes, what? \_\_\_\_\_

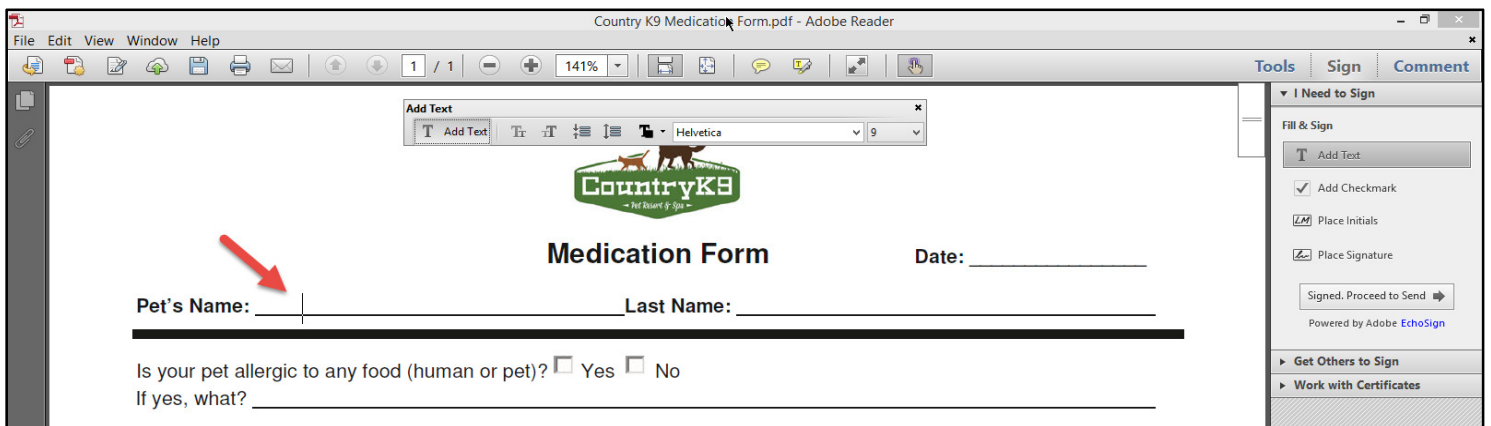
2. Click the **Add Text** button.



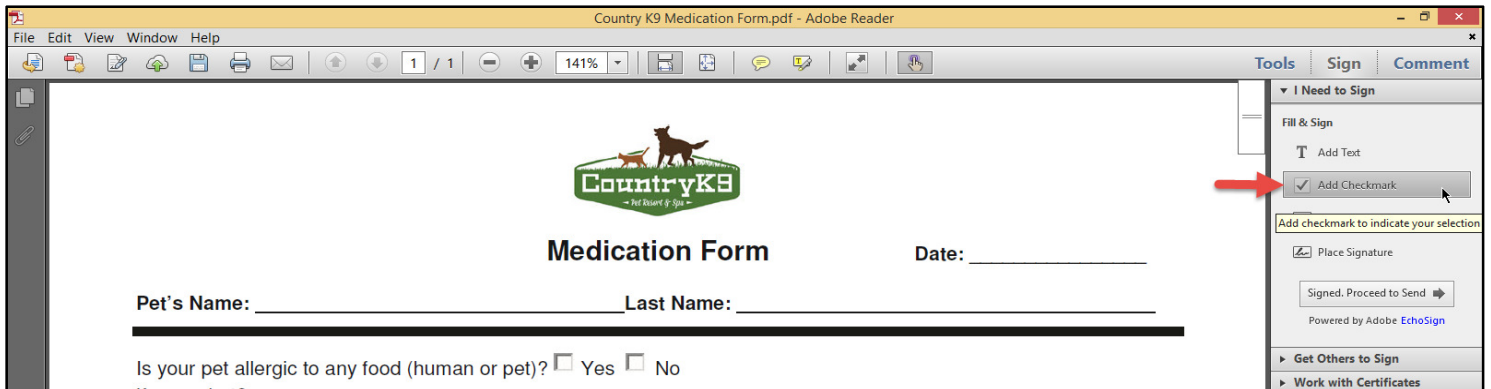
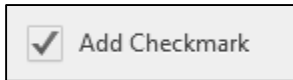
The **Add Text** tool bar appears and your cursor changes to an I-beam :



3. Click inside a text field and type.



4. Click the **Add Checkmark** button.



Your cursor turns into a check mark.



5. Click the check boxes you wish to fill.
6. When finished, print a copy of the completed form or save.



## Medication Form

Date: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Is your pet allergic to any food (human or pet)?  Yes  No

If yes, what? \_\_\_\_\_

<b>Medication Name</b>			
For what condition/ailment is the pet being treated?			
Is there any special way that you give your pet medication?			
Verify type of medication – count of prescription meds only	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other - Specify: Count:
Is this medication to be administered regularly or on an "as needed" basis?	<input type="checkbox"/> Regularly scheduled	<input type="checkbox"/> AM Amount:	<input type="checkbox"/> Noon Amount:
	<input type="checkbox"/> PM Amount:	If you selected 'As Needed" – specify the maximum daily dosage/frequency?	
As Needed			

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