Controlled Substance Intake form:

Any pet that is receiving a controlled substance while staying at Civano Animal Hospital must comply with our rules and regulations to ensure we have proper documentation of the amount we are dispensing to your pet. *Failure to complete this form will result in an automatic rejection of our boarding reservation.* If a patient is brought in with a controlled substance upon intake without notice, you and your pet will be sent home and you will not be allowed to board at that time. Please fill out the information below with the correct information. A new form is needed for each controlled medication brought in.

**Client Name (first and last):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Primary Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:**\_\_\_\_\_\_ **State:**\_\_\_\_\_\_

**Pet Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Species:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Breed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:**\_\_\_\_\_\_\_\_\_ **Age/DOB:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Boarding Check in (mm/dd/yyyy):**\_\_\_\_\_\_\_\_\_\_\_\_**Boarding Check out (mm/dd/yyyy):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veterinary Clinic and Veterinarian this medication was prescribed by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date this was last filled:**\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Name:**

**Concentration of the drug:**

**Quantity initially dispensed:**

**Expiration Date:**

**Directions according to label** (if directions differ from label, documentation by the prescribing veterinarian MUST be provided):

**Time(s) medication is given:**

Please sign below stating that the information above is accurate and legible.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*STAFF ONLY\*

Intake Receptionist (print, date and time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake Technician (print, date and time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DVM on duty:

Time medications were quantitated:

Quantity on hand:

Controlled substance Log Sheet location:

DVM Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_