

**New Hanover County Rabbit Rescue of Wilmington**

Medication Card

Rabbit Name/ID: \_\_\_\_\_

Location: \_\_\_\_\_

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_x/day [ ] topical  
[ ] shake well [ ] oral  
[ ] refrigerate [ ] injection  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_x/day [ ] topical  
[ ] shake well [ ] oral  
[ ] refrigerate [ ] injection  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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