



Staff Initials: _____

As the owner / guardian of _____, I give The Pets Hotel Country Club permission to administer the following medications at the dosage rate advised on the veterinary label, (or package directions for off the shelf treatments). By signing this form I accept the conditions outlined in The Pets Hotel Country Club Client Agreement.

Medication 1	Name of medication: _____			
	What is this medication for? _____			
	Refrigeration required YES / NO		Has this medication been given today? YES / NO	
	Frequency per day:	AM	NOON	PM
	Dosage on vet label:			
	With Food (YES / NO / DOESN'T MATTER)			
Other Instructions:			OFFICE USE ONLY Quantity on Arrival	

Medication 2	Name of medication: _____			
	What is this medication for? _____			
	Refrigeration required YES / NO		Has this medication been given today? YES / NO	
	Frequency per day:	AM	NOON	PM
	Dosage on vet label:			
	With Food (YES / NO / DOESN'T MATTER)			
Other Instructions:			OFFICE USE ONLY Quantity on Arrival	

Medication 3	Name of medication: _____			
	What is this medication for? _____			
	Refrigeration required YES / NO		Has this medication been given today? YES / NO	
	Frequency per day:	AM	NOON	PM
	Dosage on vet label:			
	With Food (YES / NO / DOESN'T MATTER)			
Other Instructions:			OFFICE USE ONLY Quantity on Arrival	

Owner / Guardian Signature: _____ Date: _____