



As the owner/guardian of \_\_\_\_\_, I give The Pets Hotel permission to administer the following medications at the dosage rate advised. By signing this form I accept the conditions outlined in The Pets Hotel House Rules.

**MEDICATION 1**

Name of medication: \_\_\_\_\_

What is the medication for: \_\_\_\_\_

Next dosage to be given (Day/Date) \_\_\_\_\_ Refrigeration required YES NO

Frequency:	AM	NOON	PM	OTHER
Dosage:				

With food: YES NO DOESN'T MATTER

Other instructions: \_\_\_\_\_

OFFICE USE ONLY – quantity on arrival \_\_\_\_\_

**MEDICATION 2**

Name of medication: \_\_\_\_\_

What is the medication for: \_\_\_\_\_

Next dosage to be given (Day/Date) \_\_\_\_\_ Refrigeration required YES NO

Frequency:	AM	NOON	PM	OTHER
Dosage:				

With food: YES NO DOESN'T MATTER

Other instructions: \_\_\_\_\_

OFFICE USE ONLY – quantity on arrival \_\_\_\_\_

**MEDICATION 3**

Name of medication: \_\_\_\_\_

What is the medication for: \_\_\_\_\_

Next dosage to be given (Day/Date) \_\_\_\_\_ Refrigeration required YES NO

Frequency:	AM	NOON	PM	OTHER
Dosage:				

With food: YES NO DOESN'T MATTER

Other instructions: \_\_\_\_\_

OFFICE USE ONLY – quantity on arrival \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_