



## MEDICATION WHILE BOARDING FORM

### CLIENT INFORMATION

First and Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Boarding Until: \_\_\_\_\_

On occasion some of our visitors require medication during their stay. To ensure that the proper amounts are given, we require this form to be completed. Please fill out, to the best of your knowledge, and a veterinary assistant will go over with you. There may be a medication administration charge of \$3.38 per day. These charges are at the discretion of the facility depending on how easy or difficult it is to administer the medication and will be discussed with you prior to leaving today.

All medications must be brought in the original container with the prescriptions label. Medications brought in without proper prescription labeling will be refilled at the owner's expense. Unless otherwise stated by a doctor, all medications will be given per labeling instructions. **INITIAL** \_\_\_\_\_

Has your pet had his/her medication today?      YES      NO      If so, what time? \_\_\_\_\_

Does your pet take his/her medication in a treat?      YES      NO

**#1 MEDICATION:** \_\_\_\_\_ Dosing: \_\_\_\_\_

How often given: \_\_\_\_\_ Condition Being Treated: \_\_\_\_\_

Will you need a refill on this medication while boarding?      YES      NO

**#2 MEDICATION:** \_\_\_\_\_ Dosing: \_\_\_\_\_

How often given: \_\_\_\_\_ Condition Being Treated: \_\_\_\_\_

Will you need a refill on this medication while boarding?      YES      NO

**#3 MEDICATION:** \_\_\_\_\_ Dosing: \_\_\_\_\_

How often given: \_\_\_\_\_ Condition Being Treated: \_\_\_\_\_

Will you need a refill on this medication while boarding?      YES      NO

CLIENT/OWNER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Technician who went over this form with owner at check in: \_\_\_\_\_