



## MEDICATION/SUPPLEMENT AUTHORIZATION FORM

Client First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Check- in Date: \_\_\_\_\_ Check- out Date: \_\_\_\_\_

Prescribing Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Pet owners are responsible for providing the medication/supplement for the duration of their pet's stay.  
ALL medication(s) must be in its original bottle(s) with the label attached.**

Medication Name: \_\_\_\_\_ Dose(mg/ml): \_\_\_\_\_

What is the medication for? \_\_\_\_\_

How would you like us to administer the medication? ☐ Orally (tabs or caps)  
☐ Orally (liquid)  
☐ Other: \_\_\_\_\_

Please provide specific instructions for administering the medication: \_\_\_\_\_  
\_\_\_\_\_

How often would you like us to administer the medication?

Daily AM amount: \_\_\_\_\_ Daily mid-day amount: \_\_\_\_\_ Daily PM amount: \_\_\_\_\_

Instructions same as on bottle? If not, what are they? \_\_\_\_\_

When did pet have this medication last? \_\_\_\_\_

Other Notes: \_\_\_\_\_  
\_\_\_\_\_

Owner is aware and understands that Riverbend Dog Care staff are not veterinarians, and they are not expected to diagnose or detect illnesses in the pets that are staying with us. Owner agrees to assume all risk associated with administration of medication and/or supplements by Riverbend Dog Care staff during pet's stay.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

