



TERMS & CONDITIONS: DOGS REQUIRING MEDICATION

ADMINISTERING MEDICATION

(Please read and sign ONLY if you require us to administer medications, vitamins or supplements to your dog)

We are happy to give your dog medication, though we are unable to administer injections. Complete a section for each medication, treatment or supplement. Please be specific and provide all information. When you drop off your dog, please provide sufficient medication in labelled containers. You will be asked to confirm when the last dose was administered and a record of all future administrations will be kept. If medications change, it is your responsibility to update this form each time you place your dog in our care.

Pet's name:

Medication 1 name:

Medication type: Tablet Liquid Gel/cream Drops Spray Other

Reason for medication:

Treatment prescribed by:

Frequency: 1x/day 2x/day 3x/day Other:

am noon pm Dosage:

Administration: Eats as treat Oral In meal

In snack *(Please give details)*

Other *(Please give details)*

Other Instructions:

Pet's name:

Medication 2 name:

Medication type: Tablet Liquid Gel/cream Drops Spray Other

Reason for medication:

Treatment prescribed by:

Frequency: 1x/day 2x/day 3x/day Other:

am noon pm Dosage:

Administration: Eats as treat Oral In meal

In snack *(Please give details)*

Other *(Please give details)*

Other Instructions:

Pet's name:		Medication 3 name:	
Medication type: <input type="checkbox"/> Tablet <input type="checkbox"/> Liquid <input type="checkbox"/> Gel/cream <input type="checkbox"/> Drops <input type="checkbox"/> Spray <input type="checkbox"/> Other			
Reason for medication:		Treatment prescribed by:	
Frequency: <input type="checkbox"/> 1x/day <input type="checkbox"/> 2x/day <input type="checkbox"/> 3x/day <input type="checkbox"/> Other:			
<input type="checkbox"/> am		<input type="checkbox"/> noon <input type="checkbox"/> pm	
Dosage:			
Administration: <input type="checkbox"/> Eats as treat <input type="checkbox"/> Oral <input type="checkbox"/> In meal			
<input type="checkbox"/> In snack <i>(Please give details)</i>			
<input type="checkbox"/> Other <i>(Please give details)</i>			
Other Instructions:			

I authorise Dachshunds Daycare/Kathryn Jones to administer the stated medication to the above named pet and as directed on this form for the duration of my absence and thereafter whenever they care for this pet, until I revoke or change this permission.

I, the owner, understand that it is my responsibility to leave adequate supply of medications for the duration of my dog's care. Should the medication supply need replacement, I authorise Dachshunds Daycare to purchase replacement medication and will reimburse any costs incurred.

I understand that Dachshunds Daycare/Kathryn Jones will administer medication as directed to the best of their ability. I accept that Dachshunds Daycare/Kathryn Jones is not responsible for any reaction my pet has to the medication. I hereby release Dachshunds Daycare/Kathryn Jones of any liability of any kind whatsoever arising from the administration of medication.

Signed:	Date:
Print name:	