



## Pet Medication Authorization

Pet's name: \_\_\_\_\_

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

Dosage and administration instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This form is valid for the duration the named pet takes the same medication and the same dose. Client understands a new form must be completed any time there is a change to the medication/dose on this form.

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_