

# Gardendale Country Kennels

## Medication Administration Form

Client Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

I am aware and understand that Gardendale Country Kennels employees are not veterinarians. Rick and Connie Eicher, however, have been caring for senior and special needs dogs for 18 years and do have experience with many different medications and illnesses that affect our senior and special needs dogs. I agree to assume all risk associated with administration of medication during my pet's stay. Administration of medications during boarding incurs a \$5 per day fee. My signature on this form verifies that all information on my pet's medication is accurate.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Medication Name: \_\_\_\_\_

For what condition/ailment is the pet being treated? \_\_\_\_\_

Is there a specific way that you give your pet his/her medication? \_\_\_\_\_

Verify type of medication and provide the exact count of medication being left at kennels.

Oral Medication.    Count   

Ointment

Other - Please specify \_\_\_\_\_

Schedule for administration of medication \_\_\_\_\_

Dosage: \_\_\_\_\_

All medications must be in original prescription bottle with owner's name and pet's name clearly marked on label. A separate Medication Administration Form is required for each medication.