



MEDICATION FORM

WEEK OF: _____

MEMBER NAME: _____

If your dog is regularly taking medication, we'd be happy to help during their time at The Club – free of charge!

Please bring your dog's medication with you at drop off in a zip-lock (or clear) bag. Please include your dog's name and the date on the front of the bag. Also provide the details of the medication and dosage below.

	NAME OF MEDICATION	DOSAGE	TIME OF DAY
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

By signing this form, you are confirming that you have provided Brooklyn Canine Club™ with the medicine and dosage information needed to administer to your dog during their stay.

PARENT

BROOKLYN CANINE CLUB™ TEAM MEMBER