

## MEDICATION/SUPPLEMENT ADMINISTRATION FORM

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

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

**I am aware and understand that The Pawington employees are not veterinarians and do not have backgrounds in animal medicine. The Pawington employees are not expected to diagnose or detect illnesses in the pets that are staying at The Pawington. I agree to assume all risk associated with administration of medication/supplements by The Pawington employees during my pet's stay. Administration during daycare incurs a \$3 fee.**

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

*\*Signature also required on page 2\**

<b>Medication/Supplement Name:</b>				
<b>For what condition/ailment is the pet being treated?</b>				
<b>Is there a specific way that you give your pet his/her medication/supplement?</b>				
<b>Verify type of medication/supplement and provide the exact count of medication being left at The Pawington.</b>	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other (Specify) Count:	
<b>Is this medication/supplement to be administered daily or "As Needed"?</b>	<input type="checkbox"/> Scheduled Daily	<input type="checkbox"/> A.M. Dose:	<input type="checkbox"/> Noon Dose	<input type="checkbox"/> P.M. Dose
	<input type="checkbox"/> As Needed	If 'As Needed,' please specify maximum daily dosage/frequency:		

<b>Medication/Supplement Name:</b>				
<b>For what condition/ailment is the pet being treated?</b>				
<b>Is there a specific way that you give your pet his/her medication/supplement?</b>				
<b>Verify type of medication/supplement and provide the exact count of medication being left at The Pawington.</b>	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other (Specify) Count:	
<b>Is this medication/supplement to be administered daily or "As Needed"?</b>	<input type="checkbox"/> Scheduled Daily	<input type="checkbox"/> A.M. Dose:	<input type="checkbox"/> Noon Dose	<input type="checkbox"/> P.M. Dose
	<input type="checkbox"/> As Needed	If 'As Needed,' please specify maximum daily dosage/frequency:		

Please check this box and ask our front desk staff for more Medication/Supplement Administration Forms if needed.

**I hereby represent that all information provided on this entire  
Medication Administration Form is accurate.**

Client Signature: \_\_\_\_\_

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



