

Medication Sheet

Name of Dog: _____ Owners Name: _____

Dates of Boarding: Check in _____ AM PM Check out _____ AM PM

Medication Name: _____ Type: _____

Reason for medication: _____

Medication in original container: YES NO Dosage: _____

Time per day: AM NOON PM AS NEEDED Does Dog take medication easily: YES NO

Special Instructions: _____

Medication Name: _____ Type: _____

Reason for medication: _____

Medication in original container: YES NO Dosage: _____

Time per day: AM NOON PM AS NEEDED Does Dog take medication easily: YES NO

Special Instructions: _____

Medication Name: _____ Type: _____

Reason for medication: _____

Medication in original container: YES NO Dosage: _____

Time per day: AM NOON PM AS NEEDED Does Dog take medication easily: YES NO

Special Instructions: _____

I give permission for employees of Paw-a-day Inn K9 suites to administer the medication as instructed above to my dog while it is boarding, grooming, training or attending doggy daycare at their facility. I understand that Paw-a-day Inn K9 Suites is not responsible for the medication causing any side effects to my dog. I understand the medications and the medications were prescribed by a state license veterinarian or otherwise stated. I understand that Paw-a-day Inn K9 Suites charges \$2.00 for each dose that is given and \$5.00 for each and any first aid treatment provided (such as wrapping of paws or legs).

Signature of Owner

Dog's name

Date