

MEDICATION ADMINISTRATION – INSTRUCTIONS & CONSENT FORM



This form is to be completed if ANY medications are to be administered while in our care.

We greatly appreciate your time and dedication to your pet's health! Please take a moment to complete this form.

| Name of Pet: | Owner Name: | Mobile Number: | | |
|--|-------------------|----------------|-------------------------|--------------------------|
| Emergency Contact Name & Phone Number: | | | | |
| Vet Clinic Name & Phone Number: | | | | |
| List Medication(s): <i>additional space provided on back</i> | | | | |
| Name of Medication | Prescribed Dosage | Frequency | Reason for Prescription | Time of Most Recent Dose |
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| Instructions for administering medication(s): | | | | |
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Read the following information and initial all correct statements. If any criteria (below) have not been met, we will not administer the medication(s) and will notify you before the next dose is due.

_____ Medication(s) have been provided in the original container(s) with printed instructions clearly labeled on the container.

_____ The label has a legible description of the medication, including information such as expiration date, frequency of administration, and whether it must be taken with food. *Note: expired medications will not be administered.*

_____ The name and information of the patient on the medication matches the information provided in Gingr. *Note: we will never administer medication if the information on the packaging doesn't match our files.*

_____ I understand there is an additional daily fee for medications to be administered during the length of the reservation and assume complete financial responsibility.

Be sure to disclose any changes to your pup's medical history such as recent diagnosis, health conditions, surgeries, seizures, allergies & etc. each time you return to Unleashed Retreat

Signature of Pet Owner

Date

Printed Name

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| Additional Medication(s): <i>continued list from front</i> | | | | |
|--|-------------------|-----------|-------------------------|--------------------------|
| Name of Medication | Prescribed Dosage | Frequency | Reason for Prescription | Time of Most Recent Dose |
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DO NOT WRITE BELOW – FACILITY USE ONLY

Please provide the details of administration and initials of the employee who administered the medication

| Date | Time | Name of Medication(s) | Administered By | Employee's Initials |
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By initialing this document, you are certifying that the medication(s) provided by the owner were administered to their pet in accordance with the instructions labeled on the medication and only to the pet it was prescribed to. A copy of this form will be available to the signed parties upon request. Unleashed Retreat is not held liable for any reactions to the medication(s) dispensed at the owner's request.