Medication/Supplement Administration Form

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

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware and understand that Ruth Michalec is not a veterinarian and does not have background in animal medicine. I agree to assume all risk associated with administration of medication/supplements by Ruth Michalec. See Veterinary Release Form for more information on medical treatment.

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

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| --- | --- | --- | --- |
| **Medication/Supplement Name:** | | | |
| **For what condition is the dog being treated?** | | | |
| **Is there a specific way that you give your pet his/her medication?** | | | |
| **Verify type and count of medication being left at Sittin’ Pretty Pet Sitting** | Ointment Count: | Oral Count: | Other (Specify) Count |
| **Is this medication administered daily or as needed?** | Daily Schedule | First Dose Time:  Second Dose Time:  Third Dose Time: | |
| As Needed | Specify maximum daily dosage/frequency: | |

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| As Needed | Specify maximum daily dosage/frequency: | |