



PETS COUNTRY CLUB

Staff Initials:

As the owner / guardian of _____, I give Pets Country Club permission to administer the following medications at the dosage rate advised on the veterinary label, (or package directions for off the shelf treatments). By signing this form I accept the conditions outlined in Pets Country Club Client Agreement.

Medication 1

Name of medication: _____

What is this medication for? _____

Refrigeration required YES / NO _____ Has this medication been given today? YES / NO _____

Frequency per day:	AM	NOON	PM	OTHER
Dosage on vet label:				
With Food (YES / NO / DOESN'T MATTER)				

Other Instructions: _____

OFFICE USE ONLY
Quantity on Arrival _____

Medication 2

Name of medication: _____

What is this medication for? _____

Refrigeration required YES / NO _____ Has this medication been given today? YES / NO _____

Frequency per day:	AM	NOON	PM	OTHER
Dosage on vet label:				
With Food (YES / NO / DOESN'T MATTER)				

Other Instructions: _____

OFFICE USE ONLY
Quantity on Arrival _____

Medication 3

Name of medication: _____

What is this medication for? _____

Refrigeration required YES / NO _____ Has this medication been given today? YES / NO _____

Frequency per day:	AM	NOON	PM	OTHER
Dosage on vet label:				
With Food (YES / NO / DOESN'T MATTER)				

Other Instructions: _____

OFFICE USE ONLY
Quantity on Arrival _____

Owner / Guardian Signature: _____ Date: _____