

DUFFY'S BED AND BISCUIT

TRAINING • BOARDING • DAYCARE • GROOMING

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Dog Medication Authorization

Client Name: _____

Dog's Name(s): _____

Date of Last Check-up: _____ Vaccinations: _____

Known illnesses: _____

Veterinarian Information:

Veterinarian Name: _____

Complete Address: _____

Phone Number: _____

Permission to use our veterinarian in the event above veterinarian is not available: Yes No

Medication Information: Number of medications needed during service contract: _____

Name of medication (only enter one medication here): _____ **Amount Given:** _____

(For additional medications, please fill out addition medication information on additional sheet(s))

Time to administer: _____ Give meds _____ times for _____ days

Reason for medication: _____

Known side effects: _____

Instructions for administration: _____

Has the dog been on this medication before: Yes No Any known problems with administering: Yes No

Please describe: _____

Duffy's Bed and Biscuit and staff agree to administer medication to above dog per the instructions listed above. Duffy's Bed and Biscuit is not responsible for any reaction the dog may have to the medication. If the dog needs emergency vet care, owner agrees to be responsible for all cost incurred including transportation and vet fees. Owner agrees to hold Duffy's Bed and Biscuit harmless of any claims unless gross negligence has been proven. This agreement will remain valid until a new agreement has been completed and on file.

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date