

# 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