



MEDICATIONS



Owner Name: _____	(office use) Owner ID: _____
Pet Name: _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Pet ID: _____
	Kennel # : _____ Out : _____

Medications: (no injected medications)

#1 Name: _____ Dose : _____ Freq : _____ x daily w/ food
(up to 3)

Notes: _____

Please provide information about how this medication is best administered.

#2 Name: _____ Dose : _____ Freq : _____ x daily w/ food
(up to 3)

Notes: _____

Please provide information about how this medication is best administered.

#3 Name: _____ Dose : _____ Freq : _____ x daily w/ food
(up to 3)

Notes: _____

Please provide information about how this medication is best administered.

Terms & Conditions:

Medications will be administered by our staff as prescribed. Should the dosage expire or run out during your pet's stay, no further action will be taken unless specified in writing on this form. We are available to administer medications up to 3 times per day (7AM-9AM; 1PM-2PM, 6PM-7PM). Animals must have had their most recent needed medication prior to checking in. The cost for administering medications is \$1.00 per dose for dogs and \$2.00 per dose for cats. Animals with contagious disease may NOT be admitted into Lucky Paws.

For the safety of our staff and your pet, animals who offer fierce resistance to receiving medications may be taken to a licensed veterinarian for meds to be administered. (Associated fees will apply.) You may opt out of this service by initialing to the right -----> _____
initial to OPT OUT

I agree to all terms and conditions of Lucky Paws medications.

Signature: _____ Date: _____