

West Chester Pet Resort  
12021 Iron Bridge Rd. Chester, VA 23831  
(804)-796-3632

## MEDICAL AUTHORIZATION FORM

Thank you for giving West Chester Pet Resort the opportunity to care for your pet(s). To ensure the best care possible, please fill out this form completely. We'll reach out with any questions.

Client's Name

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Email

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Pet's Name

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**I understand that West Chester Pet Resort will be administering medication during my pet's stay. I also understand there is a medication fee for the administration of insulin \$5.00/day for diabetic pets.**

\_\_\_\_ I have read and understand.

**All medications (this includes supplements, vitamins, oils, etc.) MUST be in their original prescription bottles/packaging to be accepted for administration -- NO EXCEPTIONS.**

\_\_\_\_ I have read and understand.

**All pets requiring medication while boarding MUST be checked in NO LATER than 12:00PM.**

\_\_\_\_ I have read and understand.

**Please indicate below all medications your pet is currently taking, this includes prescribed medications, supplements, preventatives as well as over the counter products. Please include Name of Medication, Dosage, Frequency, Last Dose Given, Purpose of Medication. Example: Rimadyl, 25mg tab, 2 times/day, 6PM—1/30, Arthritis.**

Medication Name

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Medication Dosage

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Medication Frequency

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Date medication was last given

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Purpose of medication

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Medication Name

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Medication Dosage

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Medication Frequency

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Date medication was last given

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Purpose of medication

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**To ensure your pet get's their medication, please let us know the best way to administer medication to them:**

\_\_\_ Cheese

\_\_\_ Peanut Butter

\_\_\_ Pill Pockets

\_\_\_ EN Meatball(canned dog/cat food)

\_\_\_ Other

Special Medication Directions:

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**If you need us to provide one of the above to administer their medication there will be an additional \$. 75 fee/medication time to cover the cost of the product used. If your pet requires extra assistance in having medication administered, i.e., additional staff or time is needed, there will be a \$25.00/day fee for those services.**

\_\_\_ I have read and understand.

**By signing below I understand that the medication will be administered as stated above. If your pet is on insulin, fluids or medication that requires a different dosage daily there will be a \$50.00 office visit fee included on your invoice that reflects the time the Veterinarian took to review your pet's medical history and proper instructions were given for the medication**

**necessary. This is done to ensure your pet is receiving the appropriate medication, dosage and at that appropriate times.**

\_\_\_\_\_ I have read and understand.

Prescribing Hospital

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Prescribing Hospital Phone

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