



Medication Authorization

Date Completed: _____

Client Name: _____

Patient Name: _____

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.

*All medications (this includes supplements, vitamins, oils, etc.) MUST be in their original prescription bottles/packaging to be accepted for administration -- NO EXCEPTIONS.
All pets requiring medication while boarding MUST be checked in NO LATER than 10:30AM.*

Please *thoroughly* complete the table below to indicate the medication your pet will be given, how much, how often and the last time the medication was administered. *See example below on how to properly complete the medication information and instructions.*

Name of Medication	Amount Given	How Often	Last Dosage Given		Medical Reason for Medication
			Date	Time	
<i>EXAMPLE: Rimadyl</i>	<i>1 tab</i>	<i>2 times per day with meal</i>	<i>4/26</i>	<i>8AM</i>	<i>Arthritis</i>

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)
 Owner Provided

Other: _____

Special Medication Directions: _____

Client Authorization: _____

Date: _____