**Beth’s Small Pet Boarding**

**Pet Care and Medication Consent Form (1 x Form Per Animal)**

 All medications, including over-the-counter medications, must be presented in original packaging, vials etc. If this is a prescription medication, the pets name must appear on the bottle or packaging. Any vitamins/ supplements must also be indicated on this form. We cannot accept medications or supplements already placed in bags or containers

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| Name of Pet on Medication: |  |
| Species: |  |
| Breed: |  |
| Colour: |  |
| Sex: |  |
| Age: |  |
| Name of Medication: |  |
| Reason for Medication: |  |
| Prescribing Vet Clinic: |  |
| Dosage Amount (Per Dose): |  |
| Dosage Time (Per Dose): |  |
| Date & Time of First Dose: |  |
| Date & Time of Last Dose: |  |
| Refrigeration Required (Y/N): |  |
| Are Pills Pre-cut (Y/N): |  |
| Medication Special Care/Routine Required: |  |
| Vets Name, Address and Telephone Number: |  |
| Additional Information:(Please give details of any information you feel essential to the welfare, health and happiness of your pet during their holiday with me. Please include dietary requirements, medical requirements, grooming, behaviour, special handling, likes and dislikes) |  |

I confirm that the information provided in this form is correct to the best of my knowledge and give Beth’s Small Pet Boarding permission to administer the medication and care as detailed.

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| Name: |  |
| Signature: |  |
| Date: |  |