MEDICATION ADMINISTRATION FORM

Client First Name: _____ Last Name: _____

Pet's Name: _____ Date: _____

Medication/Supplement Name:				
For what condition is The pet being treated?				
Is there a specific way that you give your pet their medication/supplement?				
Verify type of Medication/supplement and provide the exact count of medication being left in our facility.	☐ Ointment Count:	☐ Oral Count:	☐ Other (Specify) Count:	
Is this medication/supplement to be administered daily or "As Needed"?	☐ Scheduled Daily	☐ AM Dose:	☐ Mid-day Dose:	☐ P.M. Dose:
	☐ As Needed	If "As Needed", please specify maximum daily dosage/frequency:		

MEDICAL ADMINISTRATION FORM

DIABETIC PETS	
Brand Name of Insulin:	
Dose of Insulin:	
Units Per Day/How often?	
When was the last injection given?	
What Brand of food does your diabetic pet eat?	
What is your diabetic pet's feeding schedule?	

☐ **Please check this box and ask our Receptionist for more Medication/Supplement Administration Forms if needed.**

AUTHORIZATION:

I hereby consent and authorize Kennesaw Mountain Veterinary Services to receive and board my pet(s). I understand the hospital will use all reasonable precautions for the safekeeping of the described pet(s), but the hospital will not be held responsible in any manner whatsoever on account of medical situations that may arise, as it is thoroughly understood that I assume all risks. I also understand that hospital personnel are not present continuously after normal business hours. Additionally, I understand there will be an additional charge for medical/diabetic boarding animals.

Client Signature: _____ Date: _____