

Medication



Authorization Form

Owner's Name: _____ Dog's Name: _____

➤ Medication #1

Name of Medication: _____

Type of medication: ☐ Topical (applied to skin) ☐ Oral ☐ Other

What condition is your dog being treated for? : _____

Is there any special way you give your dog this medication?: _____

Time(s) to be administered & amount(s): Time - _____ Dose - _____

Time - _____ Dose - _____

Time - _____ Dose - _____

If given "as needed", please specify maximum daily dosage/frequency, etc.: _____

Anything else we should know?: _____

➤ Medication #2

Name of Medication: _____

Type of medication: ☐ Topical (applied to skin) ☐ Oral ☐ Other

What condition is your dog being treated for? : _____

Is there any special way you give your dog this medication?: _____

Time(s) to be administered & amount(s): Time - _____ Dose - _____

Time - _____ Dose - _____

Time - _____ Dose - _____

If given "as needed", please specify maximum daily dosage/frequency, etc.: _____

Anything else we should know?: _____

➤ **Medication #3**

Name of Medication: _____

Type of medication: ☐ Topical (applied to skin) ☐ Oral ☐ Other

What condition is your dog being treated for? : _____

Is there any special way you give your dog this medication?: _____

Time(s) to be administered & amount(s): Time - _____ Dose - _____

Time - _____ Dose - _____

Time - _____ Dose - _____

If given "as needed", please specify maximum daily dosage/frequency, etc.: _____

Anything else we should know?: _____

I, _____, hereby certify that Tails of Happiness Canine Resort has my full consent to administer the above mentioned medications for my dog, _____.

Signature of Dog Owner: _____ Date: _____