



## Medication Administration Form

Owner's name: \_\_\_\_\_ Pet's name: \_\_\_\_\_

Contact Information (E-mail & cell phone): \_\_\_\_\_

Current Veterinary Clinic: \_\_\_\_\_

Medication name: \_\_\_\_\_ Next dose required?: \_\_\_\_\_

Frequency: \_\_\_\_\_ Strength: \_\_\_\_\_ Route given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Companions Pet Resort will administer your pet's medication(s) according to the prescribing Veterinarians instructions. Companions Pet Resort does deem any pet on medication higher risk during their stay and cannot be responsible for any medical reactions or the health of the pet due to the condition being medically treated.

**It is preferable for all medication to be in the original container from the prescribing Veterinarian with the name of medication, strength, frequency given and route of administration.**

Anytime a pet is on medication we would recommend you let their Veterinary Clinic know they will be staying at Companions Pet Resort in case we have any questions or issues.

All medications supplied should have extra doses just in case there are any delays in your trip or any trouble administering the medication which could lead to needing an extra dose. There is a chance containers could fall or spill and we could lose a dose.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Companions Pet Resort Team Member Signature: \_\_\_\_\_