

<b>Pet Name:</b> _____ Species : Canine / Feline      Age: _____      Gender: M / MN / F / FS Breed: _____      Color: _____	Owner Name : _____ Owner Phone Number(s): _____ _____
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# MEDICATIONS FOR HOSPITALIZED AND BOARDING PATIENTS

The medications I have provided are in:

- their original prescribed bottles
- another container, please describe container \_\_\_\_\_

I certify that the medications listed below are the medications contained in the vials I have provided, and are being given (at home) as written on this page.

**Please list the name, strength, dosage, description, and start date/time of each medications.**

If more space is needed, please write on the back of the page while making a note on the front of the page to see the reverse.

DRUG NAME	STRENGTH <small>(in mg/g/etc)</small>	DIRECTIONS/ DOSAGE	DESCRIPTION OF MEDICATION <small>(color, shape, etc)</small>	START DATE	START TIME <small>(AM/PM)</small>	NEED A REFILL?
<i>Ex: Gabapentin</i>	<i>100mg</i>	<i>1 twice daily</i>	<i>white &amp; brown capsule</i>	<i>4/17</i>	<i>8am</i>	<i>yes, 30days</i>

I request that the above medication(s) be given during my pet's stay.

I understand there will be a \$4.25 charge each time a staff members gives medication to my pet, based on the schedule above.

I shall indemnify and hold harmless Waverly Animal Hospital, Boarding & Grooming against any claims that may arise relating to my pet's prescribed medication(s).

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_