

## Good Dog Hotel & Spa Medication Form

**Dog's Name:** \_\_\_\_\_ **Your Last Name:** \_\_\_\_\_

- 1) **Medication Name:** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_  
**Being Given For:** \_\_\_\_\_  
**Dose Amount:** \_\_\_\_\_ **Given:** AM NOON PM  
**May be given in:** cheese \_\_\_\_\_ peanut butter \_\_\_\_\_ **Is this Medication Maintenance?** YES NO

<b>Date:</b>																			
<b>AM</b>																			
<b>NOON</b>																			
<b>PM</b>																			

- 2) **Medication Name:** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_  
**Being Given For:** \_\_\_\_\_  
**Dose Amount:** \_\_\_\_\_ **Given:** AM NOON PM  
**May be given in:** cheese \_\_\_\_\_ peanut butter \_\_\_\_\_ **Is this Medication Maintenance?** YES NO

<b>Date:</b>																			
<b>AM</b>																			
<b>NOON</b>																			
<b>PM</b>																			

- 3) **Medication Name:** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_  
**Being Given For:** \_\_\_\_\_  
**Dose Amount:** \_\_\_\_\_ **Given:** AM NOON PM  
**May be given in:** cheese \_\_\_\_\_ peanut butter \_\_\_\_\_ **Is this Medication Maintenance?** YES NO

<b>Date:</b>																			
<b>AM</b>																			
<b>NOON</b>																			
<b>PM</b>																			

**Good Dog Hotel will administer medications according to your instructions. Please fill out the medication form in full. By signing this Owner also understands that Good Dog Hotel is not a medical facility and that staff are not medically trained. Good Dog Hotel will not administer injections. Owner releases Good Dog Hotel and staff from any liabilities.**

*For Staff Use:* FD Initials \_\_\_\_\_ Reviewed (Y N) Additional Page (Y N) Suite \_\_\_\_\_

**Your Signature:** \_\_\_\_\_