

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

Date:																			
AM																			
NOON																			
PM																			

- 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

Date:																			
AM																			
NOON																			
PM																			

- 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

Date:																			
AM																			
NOON																			
PM																			

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: _____