

Good Dog Hotel & Spa Medication Form

medication form 2018

Dog's Name: _____

Your Last Name: _____

1. Medication Name: _____

Start Date _____ **End Date** _____

Being Given For: _____

Dose Amount: _____ whole pill ½ pill pc of pill

Given: AM NOON PM

May be given in: cheese _____ peanut butter _____

Is this Medication Maintenance? YES NO

Date:																				
AM																				
NOON																				
PM																				

Amount: _____ **Color:** _____ **Shape:** _____

In: Weekly Container Zip Lock Bottle/ _____

2. Medication Name: _____

Start Date _____ **End Date** _____

Being Given For: _____

Dose Amount: _____ whole pill ½ pill pc of pill

Given: AM NOON PM

May be given in: cheese _____ peanut butter _____

Is this Medication Maintenance? YES NO

Date:																				
AM																				
NOON																				
PM																				

Amount: _____ **Color:** _____ **Shape:** _____

In: Weekly Container Zip Lock Bottle/ _____

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* _____

Please Sign: _____

Owner further understands that there is a fee of: **\$2 per** administration _____ please initial.