

# Good Dog Hotel & Spa Medication Form

medication form 2022

**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.