



Client Name: _____

Client ID #: _____

Medicine Administered Agreement

Boarding dates from _____ to _____. I authorize the following medications to be administered to my pet and/or pets.

_____ I understand the following charges will be assessed to my account at the time of pick-up.

\$ 3.00 – Insulin per dose.

\$ 2.00 – All other medications/supplements per dose, per THREE medications.

_____ I understand that medications must be given to the staff separately from any food in a secure and labeled container.

Pet: _____

Medication	Quantity	Times per Day	AM	PM	Notes

Pet: _____

Medication	Quantity	Times per Day	AM	PM	Notes

Pet: _____

Medication	Quantity	Times per Day	AM	PM	Notes

Signature: _____
(Owner/Agent)

Date: _____

_____ Staff Initial