



GREENBRIAR

VETERINARY HOSPITAL & LUXURY PET RESORT

Consent for Resort Medication Administration

Client Name:
Address:

Phone Number:

Patient Name:
Species:
Breed:
Sex:
Color:
Weight:
Age:

Boarding Dates:
Arrival Date:

Departure Date:

Medication:	Quantity:	SID:	BID:	TID:	QID:	As Needed:	Notes:	Purpose:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Time:						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Time:						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Time:						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Time:						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Time:						

I understand that all oral medication administered during a stay is \$2.00 per day. All injectable medication administered during a stay is \$3.00 per day. Medications must be given by the staff, separately from food. All pets' medication must come in it's original label container. I understand I am responsible for any charges incurred in the treatment of my pet and payment is due at the time of release. I understand and agree to terms set fourth in this agreement.

Client Signature : Date: