

Consent to Administer Medication

If your dog needs to receive any medication for any reason (including heartworm preventative, antibiotics, etc.) **you must bring the medication in its original container** with the original label that contains the dog's name and dosage instructions.

Contact Information:

Dog Name: _____ Dog Breed: _____
 Client Name: _____
 Street Address: _____
 City, State, Zip: _____
 Cell Phone: _____ Alternate Phone: _____
 Veterinarian: _____ Phone: _____

Medication	Dosage / Frequency	Start Date / End Date
1. _____	_____ / _____	_____ / _____
2. _____	_____ / _____	_____ / _____
3. _____	_____ / _____	_____ / _____

Initial the Following:

- ____ I certify that I own the above described animal.
 ____ I authorize Linda Jones and/or her assistants to administer the medications as described on the original medication container label that I have provided.

Client Signature: _____ Date: _____

OFFICE USE: Medication Chart														
DATE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
MED														
TIME														
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