



Patient Name: _____

Contact Number: _____

Check In: _____ Check Out: _____

Medication name	Instructions/Dosage	Last given	Next Dose

By signing below, I am acknowledging that the above medication(s) are to be administered while boarding & that I gave accurate instructions for each medication. I understand that a **\$5 per day medication administration fee will incur during this boarding stay**. I am acknowledging that while my pet is boarding here at Pets R Family an experienced technician will be responsible for administering the above med(s) & directly conferring with the Doctor as needed on any medication questions. If at any time during my pet's boarding stay there are questions/concerns regarding the above med(s) I understand that Pets R Family will contact me at the number provided.

Signature

Date