



# PET HOTEL

preferred lodging for pets

## Medication Form

NAME			DATE		
ADDRESS		CITY	STATE	ZIP	
HOME PHONE	WORK PHONE		CELL PHONE		
PET'S NAME		SPECIES	BREED		AGE

Please list all medications your pet is currently taking:

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Type of Medication:  Ointment  Oral  Other: \_\_\_\_\_

For what condition is your pet being treated? \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Type of Medication:  Ointment  Oral  Other: \_\_\_\_\_

For what condition is your pet being treated? \_\_\_\_\_

Please use separate sheet to list additional medications.

### FOR OFFICE USE ONLY

#### Veterinary Staff Contacted

DATE	MEDICATION ACCEPTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	AUTHORIZATION
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#### Check-In

MEDICATION NAME	QUANTITY	DATE	Client Initials _____
MEDICATION NAME	QUANTITY	DATE	

Staff Initials  
\_\_\_\_\_

#### Check-Out

MEDICATION NAME	QUANTITY	DATE	Client Initials _____
MEDICATION NAME	QUANTITY	DATE	

Staff Initials  
\_\_\_\_\_

#### Microchip

<input type="checkbox"/> Yes <input type="checkbox"/> No	DUE BY
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