



As the owner/guardian of \_\_\_\_\_, I give Homestead Boarding Kennels and Cattery permission to administer the following medications at the dosage rate advised. Medication is \$3.00 per administration. Afterhours medication and injections incur a higher charge. By signing this form, I accept the terms and conditions of Homestead.

# MEDICATION 1

Name of Medication: \_\_\_\_\_

What is the medication for: \_\_\_\_\_

Next dosage to be given (Day/Date): \_\_\_\_\_ Refrigeration Required? YES NO

FREQUENCY	AM	PM
DOSAGE		

With food: YES NO DOESN'T MATTER

Other Instructions (How to be administered): \_\_\_\_\_

**TOTAL QTY ON ARRIVAL:**

# MEDICATION 2

Name of Medication: \_\_\_\_\_

What is the medication for: \_\_\_\_\_

Next dosage to be given (Day/Date): \_\_\_\_\_ Refrigeration Required? YES NO

FREQUENCY	AM	PM
DOSAGE		

With food: YES NO DOESN'T MATTER

Other Instructions (How to be administered): \_\_\_\_\_

**TOTAL QTY ON ARRIVAL:**

# MEDICATION 3

Name of Medication: \_\_\_\_\_

What is the medication for: \_\_\_\_\_

Next dosage to be given (Day/Date): \_\_\_\_\_ Refrigeration Required? YES NO

FREQUENCY	AM	PM
DOSAGE		

With food: YES NO DOESN'T MATTER

Other Instructions (How to be administered): \_\_\_\_\_

**TOTAL QTY ON ARRIVAL:**

Owner Signature: \_\_\_\_\_ DATE: \_\_\_\_\_