



As the owner/guardian of **FIRST NAME** _____, **LAST NAME** _____ I give Homestead Boarding Kennels and Cattery permission to administer the following medications at the dosage rate advised. Medication is \$3.30 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: _____