



MEDICATION AUTHORITY FORM

As the owner/guardian of (PET'S FIRST NAME) _____, (LAST NAME) _____

I give Kip Happy Stays permission to administer the following medications, at the dosage specified on the prescription label. **Please note:** Medications are only administered during Business Hours. We do not administer medications after business hours i.e., medications which require a 12-hourly dosage schedule.

MEDICATION 1	<p>Name of Medication: _____</p> <p>What is the Medication for: _____</p> <p>Next dosage to be given (AM/PM + date): _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 33%;">FREQUENCY</td> <td style="width: 33%;">AM – TIME</td> <td style="width: 33%;">PM – TIME</td> </tr> <tr> <td>DOSAGE</td> <td></td> <td></td> </tr> </table> <p>Refrigeration required? YES NO With food? YES NO DOESN'T MATTER</p> <p>Other instructions (how to be administered): _____</p> <p>TOTAL QTY ON ARRIVAL: _____</p>	FREQUENCY	AM – TIME	PM – TIME	DOSAGE		
FREQUENCY	AM – TIME	PM – TIME					
DOSAGE							
MEDICATION 2	<p>Name of Medication: _____</p> <p>What is the Medication for: _____</p> <p>Next dosage to be given (AM/PM + date): _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 33%;">FREQUENCY</td> <td style="width: 33%;">AM – TIME</td> <td style="width: 33%;">PM – TIME</td> </tr> <tr> <td>DOSAGE</td> <td></td> <td></td> </tr> </table> <p>Refrigeration required? YES NO With food? YES NO DOESN'T MATTER</p> <p>Other instructions (how to be administered): _____</p> <p>TOTAL QTY ON ARRIVAL: _____</p>	FREQUENCY	AM – TIME	PM – TIME	DOSAGE		
FREQUENCY	AM – TIME	PM – TIME					
DOSAGE							
MEDICATION 3	<p>Name of Medication: _____</p> <p>What is the Medication for: _____</p> <p>Next dosage to be given (AM/PM + date): _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 33%;">FREQUENCY</td> <td style="width: 33%;">AM – TIME</td> <td style="width: 33%;">PM – TIME</td> </tr> <tr> <td>DOSAGE</td> <td></td> <td></td> </tr> </table> <p>Refrigeration required? YES NO With food? YES NO DOESN'T MATTER</p> <p>Other instructions (how to be administered): _____</p> <p>TOTAL QTY ON ARRIVAL: _____</p>	FREQUENCY	AM – TIME	PM – TIME	DOSAGE		
FREQUENCY	AM – TIME	PM – TIME					
DOSAGE							

Owner Signature: _____	Date: _____
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