



Medication / Supplements Administration Form

Client's First/Last Name: _____ Pet's Name: _____

Please fill out the boxes below for each medication you would like NSPR staff to administer to your pet.

1. Medication/Supplement Name:		Reason:		
Type: <i>Liquid - Pill - Ointment - Injection</i>	<input type="checkbox"/> Scheduled daily <input type="checkbox"/> Scheduled as needed	<input type="checkbox"/> A.M Dose: _____	<input type="checkbox"/> Noon Dose: _____	<input type="checkbox"/> P.M. Dose: _____
How does your pet take their meds?	<input type="checkbox"/> With a treat	<input type="checkbox"/> Place in food	<input type="checkbox"/> "Pilling"	<input type="checkbox"/> Other:

2. Medication/Supplement Name:		Reason:		
Type: <i>Liquid - Pill - Ointment - Injection</i>	<input type="checkbox"/> Scheduled daily <input type="checkbox"/> Scheduled as needed	<input type="checkbox"/> A.M Dose: _____	<input type="checkbox"/> Noon Dose: _____	<input type="checkbox"/> P.M. Dose: _____
How does your pet take their meds?	<input type="checkbox"/> With a treat	<input type="checkbox"/> Place in food	<input type="checkbox"/> "Pilling"	<input type="checkbox"/> Other:

3. Medication/Supplement Name:		Reason:		
Type: <i>Liquid - Pill - Ointment - Injection</i>	<input type="checkbox"/> Scheduled daily <input type="checkbox"/> Scheduled as needed	<input type="checkbox"/> A.M Dose: _____	<input type="checkbox"/> Noon Dose: _____	<input type="checkbox"/> P.M. Dose: _____
How does your pet take their meds?	<input type="checkbox"/> With a treat	<input type="checkbox"/> Place in food	<input type="checkbox"/> "Pilling"	<input type="checkbox"/> Other:

4. Medication/Supplement Name:		Reason:		
Type: <i>Liquid - Pill - Ointment - Injection</i>	<input type="checkbox"/> Scheduled daily <input type="checkbox"/> Scheduled as needed	<input type="checkbox"/> A.M Dose: _____	<input type="checkbox"/> Noon Dose: _____	<input type="checkbox"/> P.M. Dose: _____
How does your pet take their meds?	<input type="checkbox"/> With a treat	<input type="checkbox"/> Place in food	<input type="checkbox"/> "Pilling"	<input type="checkbox"/> Other:

I am aware and understand that North Star Pet Resort employees are not Veterinarians or Veterinarian Nurses. North Star Pet Resort employees are not expected to diagnose or detect illness in the pets staying at North Star Pet Resort. I agree to assume all risks associated with administration of medications/supplements by North Star Pet Resorts employees during my pet's stay. I further understand that there will be a medication administration fee.

Client Signature: _____ Date: _____