

Pet Medicine Administration Form

The (name of Pack Leader, Plus...): _____ will administer medication to a pet(s) for which a plan has been made and approved by the Owner.

Because medication poses an extra burden on Pack Leader, Plus... and having medication on hand is a safety hazard, Owners should check with their Veterinarian to see if a dose schedule can be arranged that does not involve the hours the pet(s) is in car of, by Pack Leader, Plus... Owners may come to administer medication to their own pet(s) during the day.

If a liquid oral medication is to be administered at the house of the pet(s), the Owner must provide the administration device with clearly marked measurements (medicine sip-vial, medicine cup, dropper, or syringe.)

Medication in Pack Leader, Plus... Care:

1. Requires Owner to complete and sign this *Medication Administration Form*; form shall be kept in the pet(s) record with all supportive documentation.
2. Medication Must be in original container and labeled with pet(s) name.
3. All medication containers and dispensers will be stored out of the reach of the pet(s) and in a closed/locked cabinet, or refrigerator if necessary, and will be returned to the Owner when completed.
4. Requires a written plan to record the administration of all medications and to inform the pet(s) Owner daily when such medication have been given.
5. When no longer needed by the pet(s), or when the pet(s) withdraws from the service, all medications should be returned to the pet(s) Owner or disposed of after an attempt to reach Owner.

Prescription Medications:

Medication is administered in accordance with the pharmacy label directions as prescribed by the pet(s) Veterinarian provider.

The instructions from the pet(s) Owner shall not conflict with the label directions as prescribed by the pet(s) Veterinarian provider.

Non-Prescription (Over the Counter) Medications:

May be administered without approval or instructions from the pet(s) Veterinarian provider.

Shall be administered in accordance with the product label directions on the container.

The instructions from the pet(s) Owner shall not conflict with the product label directions on the container.

Authorization For Medication Administration

I hereby authorize designated agents of Pack Leader, Plus... _____
to administer the following medication to my pet(s), _____.

I further agree to indemnify and hold harmless Pack Leader, Plus..., their agents, and
servants against all claims as a result of any and all acts performed under this authority.

Owner of Pet(s) Name: _____ Phone: _____

Pet(s) Veterinarian Name: _____ Phone: _____

1st Pet(s) Condition: _____ Pet name: _____

2nd Pet(s) Condition: _____ Pet name: _____

Purpose of Medication for 1st Pet: _____

Name of Med: _____ Time Administered: _____

Method of Administration: _____ Side Effects: _____

Purpose of Medication for 2nd

Pet: _____

Name of Med: _____ Time Administered: _____

Method of Administration: _____ Side Effects: _____

In case of Emergency, contact: _____ *Phone:* _____

Owners Signature: _____ **Date Today:** _____

Print Name: _____

Medication Administration Record

Date: _____ Time Administered: _____ Medicine: _____

Dosage Amount: _____ Pet Name: _____

Date: _____ Time Administered: _____ Medicine: _____

Dosage Amount: _____ Pet Name: _____

*Christian Owned and Operated (636) 333-2224