

University Animal Hospital

Boarding Medication Form (Please bring completed form at drop off or email it to office@universityvet.com)

Client Name: _____ Pet Name: _____

Boarding Dates: Drop Off _____ Pick Up _____

Contact Information Phone: _____ Email: _____

All medications need to be brought in the original container with proper labeling. If you choose to put pills in pre-bagged food, we cannot guarantee your pet will actually swallow the medication. There are medications that we will not allow to be pre-bagged with food, medications for the heart, pain, seizure conditions or any life-threatening condition.

Medication Name/Strength (mg)

1. _____ Reason for Use: _____

Instructions: (Ex: Give one tablet in the morning and one in the evening- CANNOT SAY AS NEEDED)

Will your pet need this medication on the day of drop off? YES NO When: AM PM BOTH Refill: YES NO

2. _____ Reason for Use: _____

Instructions: (Ex: Give one tablet in the morning and one in the evening- CANNOT SAY AS NEEDED)

Will your pet need this medication on the day of drop off? YES NO When: AM PM BOTH Refill: YES NO

3. _____ Reason for Use: _____

Instructions: (Ex: Give one tablet in the morning and one in the evening- CANNOT SAY AS NEEDED)

Will your pet need this medication on the day of drop off? YES NO When: AM PM BOTH Refill: YES NO

4. _____ Reason for Use: _____

Instructions: (Ex: Give one tablet in the morning and one in the evening- CANNOT SAY AS NEEDED)

Will your pet need this medication on the day of drop off? YES NO When: AM PM BOTH Refill: YES NO

I have read and verified this information is correct and authorize the medication to be given as written above.

Owner/Representative Signature: _____

Initials of CSR _____ Initials of Kennel Technician _____ Re-verified on _____