



## Medication Form

This form is to be completed and signed by the owner of the pet(s) that requires medication before each visit to Golden Paws Pet Resort & Spa, including over the counter (OTC) medications, supplements, prescription medication, topical medications, and injectables. Please note, we do not administer injections to our feline guests.

With your signature, you acknowledge your understanding of the following:

- **Golden Paws Pet Resort & Spa is not a medical boarding facility.**
- Only team members who have received advanced training are authorized to administer medications, however, these employees are not veterinarians or medical professionals.
- We will administer the medication listed on this form, only as directed on the prescription bottle, a veterinarian's instructions, or your written instructions.
- If we feel your pet's medical condition has changed while in our care, we will consult you or your emergency contact at that time.
- If we are unable to reach your or your emergency contact, we will not hesitate to seek medical attention including medical boarding if needed.

Owner's Name \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

## **Health History Questions**

1. Please list any disabilities or pre-existing medical conditions and explain physical limitations.
  - a. How long has your pet had this medical condition?
  - b. What medical signs or symptoms do we need to monitor? (please explain)
  - c. What steps would you like for us to take if we notice anything concerning? (example: call you, vet visit, administer a different form of medication, etc.)
  
2. If your pet is not completing each meal while lodging, is there anything we can add to the food that will entice them to eat?
  
3. What does your pet prefer we use when administering oral medication? (example: cream cheese, pill pocket, ect.)

## **Medication Administration Form** **(Second page is required for any/all medications)**

Golden Paws Pet Resort & Spa will administer your pet's medication(s) according to your veterinarian's instructions. We require that you provide us with the medication in its **ORIGINAL** container (including supplements and over the counter medications). We will follow the instructions on the container unless otherwise instructed by your veterinarian or your written instructions.

Medication charges are as follows: Oral (including supplements) and Topical medications are \$4 per administration. Unlimited medications (NOT including injections) are included in the TLC package \$60. Injections are \$10 per injection. \*

***Please complete each line of this form with as many details as possible. This form will be used by our lodging department as a daily guide for administering your pets medications.***

**Pet's Name & Last Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Check In Date:** \_\_\_\_\_ **Check Out Date:** \_\_\_\_\_

Please fill out the following to ensure accurate administration of the medication(s):

**1. Medication:**

**Dosage:mg Treating: Date Prescribed: Expiration of Medication: Next Dose (for**

**Golden paws to give):**

Give AM \_\_\_\_\_ Give Midday \_\_\_\_\_ Give PM \_\_\_\_\_

**Instructions:**

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**2. Medication:**

**Dosage:mg Treating: Date Prescribed: Expiration of Medication : Next Dose (for Golden paws to**

**give):**

Give AM \_\_\_\_\_ Give Midday \_\_\_\_\_ Give PM \_\_\_\_\_

**Instructions:**

**3. Medication:**

**Dosage:mg Treating: Date Prescribed: Expiration of Medication: Next Dose (for Golden paws to**

**give):**

Give AM \_\_\_\_\_ Give Midday \_\_\_\_\_ Give PM \_\_\_\_\_

**Instructions:**

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**4. Medication:**

**Dosage:mg Treating: Date Prescribed: Expiration of Medication: Next Dose (for Golden paws to**

**give):**

Give AM \_\_\_\_\_ Give Midday \_\_\_\_\_ Give PM \_\_\_\_\_

**Instructions:**

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**5. Medication:**

**Dosage:mg Treating: Date Prescribed: Expiration of Medication: Next Dose (for Golden paws to give):**

Give AM \_\_\_\_\_ Give Midday \_\_\_\_\_ Give PM \_\_\_\_\_

**Instructions:**

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**\_ 6. Medication:**

**Dosage:mg Treating: Date Prescribed: Expiration of Medication: Next Dose (for Golden paws to give):**

Give AM \_\_\_\_\_ Give Midday \_\_\_\_\_ Give PM \_\_\_\_\_

**Instructions:**

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