

Request & Authorization to Administer Medication



We will be happy to administer prescription medications to you dogs(s) during their stay with us, PROVIDED THAT:

1. All medications are clearly marked with Pet's name and directions for administration.
2. All medications are in their original prescription containers with the name and contact information for the prescribing veterinarian or clinic clearly legible.
3. NO expired medications will be given.
4. Medications will only be given to the pet they are prescribed for a shown on the prescription label.
5. Owner or responsible party will provide the facility with written authorization and instructions for administering medications.

I _____ have read and understand the above.
I hereby authorize Dogs Live Happy, LLC it's staff & employees to administer the following medication(s) to my dog

I understand that adverse reactions do sometimes occur when medications are administered and agree to hold harmless Dogs Live Happy Doggy Daycare, it's staff & employees from any liability whatsoever in connection with administration of the prescribed medication(s).

Signature of owner or responsible party

Date

DLH Staff Member

Date

Dog's Name Medicated	Medication #Doses	Dosage x daily	Special Instructions	#Days to
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