YOUR BEST FRIEND'S FRIEND

AUTHORIZATION, INFORMATION AND INSTRUCTIONS TO ADMINISTER MEDICATION (PLEASE USE A SEPARATE FORM FOR EACH PET)

NOTE: YBFF WILL NOT ADMINISTER ANY MEDICATIONS TO ANY ANIMAL WITHOUT THIS FORM COMPLETED AND SIGNED. A COPY MUST BE IN OUR OFFICE AND LEFT AT YOUR HOME PRIOR TO SERVICE.

CLIENT NAME: _____ PET NAME:_____ DATE: _____ BREED: _____DESCRIPTION OF PET: _____

MED #1 NAME: _____REASON FOR MEDICATION: _____ WHERE KEPT: _____ HOW LONG PET BEEN TAKING THIS MED_____

HOW ADMISNISTERED: _____ DOSAGE AM: _____ DAYS & TIME AM: _____ (circle) M T W TH F SA SU

DAYS & TIME PM: _____ (circle) M T W TH F SA SU _____

MED #2 NAME: _____REASON FOR MEDICATION: _____ WHERE KEPT: _____ HOW LONG PET BEEN TAKING THIS MED_____

HOW ADMISNISTERED: _____ DOSAGE AM: _____ DAYS & TIME AM: _____ (circle) M T W TH F SA SU

DAYS & TIME PM: _____ (circle) M T W TH F SA SU _____

MED #3 NAME: _____REASON FOR MEDICATION: _____ WHERE KEPT: _____ HOW LONG PET BEEN TAKING THIS MED_____

HOW ADMISNISTERED: _____ DOSAGE AM: _____ DAYS & TIME AM: _____ (circle) M T W TH F SA SU

DAYS & TIME PM: _____ (circle) M T W TH F SA SU

DATE	MED #	AM TIME	INITIAL	PM TIME	INITIAL	DATE	MED #	AM TIME	INITIAL	PM TIME	INITIAL