



FAIRVIEW ANIMAL CLINIC

Pet Name: _____

Owner Name: _____

Breed: _____

Color: _____

BOARDING DATES: _____ - _____

Meds have been given today? YES / NO

If so, what and when was the last dose administered? _____

1. Drug Name & Strength _____ Dose _____
Administration (AM / NOON / PM)

Date												
AM												
Noon												
PM												

2. Drug Name & Strength _____ Dose _____
Administration (AM / NOON / PM)

Date												
AM												
Noon												
PM												

3. Drug Name & Strength _____ Dose _____
Administration (AM / NOON / PM)

Date												
AM												
Noon												
PM												

4. Drug Name & Strength _____ Dose _____
Administration (AM / NOON / PM)

Date												
AM												
Noon												
PM												

Owner Signature/Date: _____

All medications are to be administered as listed above. My signature represents that all of the information provided is correct. If your pet runs out of medications, as listed while boarding, I (the owner) authorize Fairview Animal Clinic and staff to refill and continue as listed above, unless stated that they should be discontinued. I also understand that there is a \$6.00 medication administration charge per day while my pet is boarding.