

MEDICATION/SUPPLEMENT ADMINISTRATION FORM

Client First Name: _____ Last Name: _____

Pet Name _____

I am aware and understand that AirBud & B employees are not veterinarians and do not have backgrounds in animal medicine. AirBud & B employees are not expected to diagnose or detect illnesses in the pet that is under the care of AirBud & B. I agree to assume all risk associated with administration of medication/supplements by AirBud & B employees during my pet’s stay. Administration of injections may incur a fee, per injection.

Client Signature _____ Date: _____

Medication/Supplement Name: _____

For what condition/ailment is your pet being treated? _____

Is there a specific way that you prefer to give their medication/supplement? If so, please explain in detail: _____

<p>Verify type of medication/supplement and <u>provide the exact count of medication</u> being left at AirBud & B</p>	<p><input type="checkbox"/> Ointment Count:</p>	<p><input type="checkbox"/> Oral Count:</p>	<p><input type="checkbox"/> Other (Specify) Count:</p>
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<p>Medication to be administered/Dose</p>	<p><input type="checkbox"/> Scheduled Daily</p>	<p><input type="checkbox"/> AM</p>	<p><input type="checkbox"/> Midday</p>	<p><input type="checkbox"/> PM</p>
<p>If “As Needed” Please specify:</p>	<p><input type="checkbox"/> As Needed</p>		<p>Max. Dosage:</p>	<p>Frequency:</p>

Medication/Supplement Name: _____

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Medication to be administered/Dose	<input type="checkbox"/> Scheduled Daily	<input type="checkbox"/> AM	<input type="checkbox"/> Midday	<input type="checkbox"/> PM
If "As Needed" Please specify:	<input type="checkbox"/> As Needed	Max. Dosage:		Frequency:

Please check here if additional Medication/Supplement Forms are needed.

*****You MUST provide original medication packaging and instructions as provided by your veterinarian*****

I hereby represent that all information provided on this entire Medication/Supplement Administration Form is true and accurate.

Client Signature: _____

Date: _____

Medication/Supplement Administration Calendar

*****FOR AIRBUD & B STAFF USE ONLY*****

- Include the exact time the medication was administered and the initials of the person(s) administering it under AM/Midday/PM.
- Mark “NA” in each time slot in which medication was not requested or required.
- Dogs receiving medications “As Needed” must be evaluated at a minimum of three times daily (AM/Midday/PM) - confirm that the maximum daily dosage has not been exceeded prior to medicating.

Pet's Name:

Start Date:	End Date:
Start Time: AM / PM	End Time: AM / PM

EMPLOYEE MUST INITIAL TIME THE MEDICATION/SUPPLEMENT IS ADMINISTERED

DATE	MED/SUPP	AM	MIDDAY	PM	NOTES

Pet's Name:

Start Date:	End Date:
Start Time: AM / PM	End Time: AM / PM

EMPLOYEE MUST INITIAL TIME THE MEDICATION/SUPPLEMENT IS ADMINISTERED

DATE	MED/SUPP	AM	MIDDAY	PM	NOTES