



**Sweet Magnolia's Pet Resort & Spa**

417 West Klein Rd

New Braunfels, TX 78130

T (830) 481-8586

[SweetMagnoliasPetResort@gmail.com](mailto:SweetMagnoliasPetResort@gmail.com)

## MEDICATION ADMINISTRATION FORM

### CLIENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vet's Name \_\_\_\_\_

### MEDICATION:

Medication Name \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Instructions: \_\_\_\_\_

### MEDICATION:

Medication Name \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Instructions: \_\_\_\_\_

**\* The owner must provide all medication in the original container from the vet and labeled with the pet's name, description of the medicine, how much to take and when, to take with or without food and an expiration date. Medication must be current and not expired. Pet owners will be contacted immediately if we cannot administer the medication.**

**I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the animal subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_