



PERMISSION TO ADMINISTER MEDICATION

Pets Name _____

Name of Medicine _____

How administered? _____

Dose _____

How many times a day? _____

Times to administer medicine: (This should be within a two-hour window because of the possibility of delay).

AM: _____ PM: _____

Other Times: _____

Please leave the complete container and instructions as printed on them by the VET to eliminate error.

Where will we find the medicine? _____

Vets Contact Details _____

I authorise P's Paws to administer the stated medication to the above named pet for the duration of my absence and there after whenever P's Paws care for this pet until I revoke or change this permission.

Client Name _____

Client Signature _____

Date _____