

Owner's Name _____ Phone _____

Pet's Name _____ Breed _____ Color _____

Prescribing Vet _____

MEDICATION 1

MEDICATION 2

Name
Dosage
Type
Strength
Color
How Often

Name
Dosage
Type
Strength
Color
How Often

I authorize Donna Steele, Wags & Wonders, to administer medications listed to my pet(s)

Signature _____ Date _____

NOTE: ALL PRESCRIBED MEDICATION HAS TO BE IN ORIGINAL CONTAINER WITH ALL INFORMATION CLEARLY VISIBLE.

Special Instructions (likes w/cheese, peanut butter, etc.)
