



## MEDICATION CONSENT AND INSTRUCTION

Dogs Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Date from arrival:     /     /                      Departure date:     /     /

The following medication:

Times to be given:

Date Day	Morning	Staff	Lunch	Staff	Afternoon	Staff	Evening	Staff

By signing this form, you are giving Playdog Mansions staff permission to administer your dog's medication.

**Signed:**

**Dated:**

**Medication returned Sign:**

**Dated:**