8302 Ball Ground Hwy, Ball Ground GA 30107
678-243-8843

MEDICATION/SUPPLEMENT ADMINISTRATION FORM

Client First Name: _____ Last Name: _____

Pet's Name _____

I am aware and understand that All About the Paw, LLC employees are not veterinarians and do not have backgrounds in animal medicine. All About the Paw, LLC employees are not expected to diagnose or detect illnesses in the pets that are staying at All About the Paw, LLC. I agree to assume all risk associated with administration of medication/supplements by All About the Paw, LLC employees during my pet's stay. Administration during daycare incurs a $3 fee.

Client Signature _____ Date: _____

Signature also required on page 2

Medication/Supplement Name:				
For what condition/ailment is the pet being treated?				
Is there a specific way that you give your pet his/her medication/supplement?				
Verify type of medication/supplement and provide the exact count of medication being left at All About the Paw, LLC.	Ointment Count:	Oral Count:	Other (Specify) Count:	
Is this medication/supplement to be administered daily or "As Needed"?	Scheduled Daily	A.M. Dose:	Noon Dose	P.M. Dose
	As Needed	If 'As Needed," please specify maximum daily dosage/frequency:		

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	As Needed	If 'As Needed," please specify maximum daily dosage/frequency:		

☐ Please check this box and ask our front desk staff for more Medication/Supplement Administration Forms if needed.

I hereby represent that all information provided on this entire

Medication Administration Form is accurate.

Client Signature: _____

Date: _____

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Medication/Supplement Administration Calendar

For All About the Paw, LLC's
Staff Use Only

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

Pet's Name:				
Bin Number:	Room Number:	Check-In Date:	Check-Out Date:	Managers Initials:

Employee Initial and Time Medication Rendered

Date	Medications/Supp	AM	Noon	PM	Notes

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Pet's Name:				
Bin Number:	Room Number:	Check-In Date:	Check-Out Date:	Managers Initials:

Employee Initial and Time Medication Rendered

Date	Medications/Supp	AM	Noon	PM	Notes