

PERMISSION TO ADMINISTER MEDICATION FORM

Please complete in block capitals

Pet’s Name ……………………………………………………………………….

Species/Breed ……………………………………………………………………

Age …………………………………………

Please attach a photo of the pet to this form.

Name of Medication ……………………………………………………………..

Where medication is kept ……………………………………………………….

Method of administration ………………………………………………………..

Dosage ……………………………………………………………………………

Number of times per day ……………………………………………………….

Times of administration …………………………………………………………

Please leave the complete container and instructions as printed by the vet.

Name of Vet ………………………………………………………………………

Telephone number …………………………………….

I authorise Pet Angels to administer the stated medication to the above named pet

\*on the following dates …………………………………………………………………………… or from ………………………….. (enter date) until I revoke or change this permission.

\*Please delete as appropriate

Owner’s Signature…………………………………………………..

Print name ………………………………………………………………..

Date ………………………