



Happy Dogs Specialty Care

62 Hunter's Trace

Clyde, NC 28721

828-550-0934

www.HappyDogsSpecialtyCare.com

MEDICATION/SUPPLEMENT FORM

Client's First Name: _____ Last Name: _____

Pet's Name: _____

I am aware and understand that the Happy Dogs Specialty Care employees are not veterinarians. HDSC employees are not expected to diagnose or detect underlying illnesses in the dogs that are staying here. I agree to assume all risks associated with administration of medications/supplements by HDSC employees during my dog's stay.

Client's Signature: _____ Date: _____

Medication/Supplement name:

For what condition/ailment is the dog being treated?

Is there any specific way you give your dog his/her medication/supplement?

Is this medication/supplement to be administered daily or "as needed"?

Scheduled Daily A.M. Dose Noon Dose P.M. Dose
(circle all that apply)

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



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(circle all that apply)
- As Needed** **If "as needed", please specify maximum daily dosage/frequency:**

(Please let the staff know if more medication forms are required)

I hereby represent that all information provided on this entire Medication/Administration Form is accurate.

Client Signature: _____

Date: _____