WetFur
17871 SE 422nd Ave
Sandy, OR 97055
T: (503) 482-0042
www.WetFur.biz

MEDICATION REQUIREMENT FORM

Client First Name: _____ Last Name: _____

Pet's Name: _____

I am aware and understand that WetFur has no veterinarians on staff, rather any emergencies will be handled by a local veterinarian office. WetFur is not expected to diagnose or detect illnesses in the pets that are staying at the home. I agree to assume all risk associated with administration of medications/supplements by WetFur during my pet's stay.

Client Signature: _____ Date: _____

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

☐ Please check this box and ask us 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: _____