



Boarding Medications

Client's Name _____ Patient's Name _____ Patient Number _____

I consent and authorize VCA Lovers Lane Animal Hospital to administer the following medication(s).

Drug Name: _____ MG/ML: _____ Last Given: _____ A.M. P.M.

How Often (A Day): One (1) Two (2) Three (3)

Directions: Give _____ (amount) Tablet(s) Capsule(s) Scoop(s) Ml(s)

Squirt(s) Drop(s) Strip(s) Chew(s)

How do you administer medication at home? _____

Drug Name: _____ MG/ML: _____ Last Given: _____ A.M. P.M.

How Often (A Day): One (1) Two (2) Three (3)

Directions: Give _____ (amount) Tablet(s) Capsule(s) Scoop(s) Ml(s)

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Directions: Give _____ (amount) Tablet(s) Capsule(s) Scoop(s) Ml(s)

Squirt(s) Drop(s) Strip(s) Chew(s)

How do you administer medication at home? _____

Prescription Refill Request (Drug Name): _____ Quantity: _____ Filed:

I have read and understand this consent form and verify that I am of legal age (18 years or older).

Checked-In By: _____

Scanned/Uploaded By: _____

*** We use flavored pill pockets ***

Signature

Date

VCA Lovers Lane Animal Hospital

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AT VCA ANIMAL HOSPITALS, WE CARE