

PET MEDICATION AUTHORIZATION & ADMINISTRATION FORM

Calhoun County One World Pet Resort

Owner Information

Owner Name: _____
Phone Number: _____
Email: _____

Pet Information

Pet Name: _____
Species/Breed: _____
Age: _____ Weight: _____
Emergency Contact: _____
Emergency Contact Phone: _____

Medication Authorization

I authorize staff to administer the following medication(s):

Medication #1

Name: _____
Dosage: _____
Frequency: _____
Purpose: _____
Start Date: _____ End Date: _____
Special Instructions: _____

Medication #2

Name: _____
Dosage: _____
Frequency: _____
Purpose: _____
Start Date: _____ End Date: _____
Special Instructions: _____

Medication #3

Name: _____
Dosage: _____
Frequency: _____
Purpose: _____
Start Date: _____ End Date: _____
Special Instructions: _____

Liability Release

I understand medications must be provided in original containers. Staff are not licensed veterinary professionals but will follow instructions provided. I authorize emergency veterinary care if needed and accept responsibility for related costs.

Owner Signature: _____ Date: _____

Medication Administration Log

Date	Time	Medication	Dosage	Administered By	Notes