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# BOARDING WITH MEDICATIONS CONSENT FORM

Date: \_\_\_\_\_ Patient (First & Last Name): \_\_\_\_\_ Chart #: \_\_\_\_\_

Dates of boarding: \_\_\_\_\_ to \_\_\_\_\_

I, \_\_\_\_\_, authorize the staff of Clairmont Animal Hospital to administer the following medications, supplements and special diet to my pet during the above dates.

### MEDICATIONS

Verified by RVT: \_\_\_\_\_

Oral:

Client Brought:

1. \_\_\_\_\_ mg:  Give \_\_tablets/ml once (AM/PM), twice, or three times daily.  
Next dose due tonight  mid-day  tomorrow morning
2. \_\_\_\_\_ mg:  Give \_\_tablets/ml once (AM/PM), twice, or three times daily.  
Next dose due tonight  mid-day  tomorrow morning
3. \_\_\_\_\_ mg:  Give \_\_tablets/ml once (AM/PM), twice, or three times daily.  
Next dose due tonight  mid-day  tomorrow morning
4. \_\_\_\_\_ mg:  Give \_\_tablets/ml once (AM/PM), twice, or three times daily.  
Next dose due tonight  mid-day  tomorrow morning
5. \_\_\_\_\_ mg:  Give \_\_tablets/ml once (AM/PM), twice, or three times daily.  
Next dose due tonight  mid-day  tomorrow morning
6. \_\_\_\_\_ mg:  Give \_\_tablets/ml once (AM/PM), twice, or three times daily.  
Next dose due tonight  mid-day  tomorrow morning

### Topcial/Eye/Ear Medications:

1. \_\_\_\_\_ Client Brought  : Apply \_\_\_\_\_ to affected area, ear (L / R), eye (L / R) once (AM/PM), twice, or three times daily. If affected area circled, please indicate specific location: \_\_\_\_\_.
2. \_\_\_\_\_ Client Brought  : Apply \_\_\_\_\_ to affected area, ear (L / R), eye (L / R) once (AM/PM), twice, or three times daily. If affected area circled, please indicate specific location: \_\_\_\_\_.
3. . \_\_\_\_\_ Client Brought  : Apply \_\_\_\_\_ to affected area, ear (L / R), eye (L / R) once (AM/PM), twice, or three times daily. If affected area circled, please indicate specific location: \_\_\_\_\_.

**ALL MEDICATIONS AND SUPPLEMENTS MUST BE IN THEIR ORIGINAL PRESCRIBED BOTTLE.**

### DIET

Special diet: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Does this food need to be fed exclusively due to a medical condition? Yes  No

If yes, what condition? \_\_\_\_\_

**I understand that there is an additional charge per day for medications and supplements to be given to my pet.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_