

# Best Friends Fur Ever Pet Medication Log

Owner's Name (Last)

Pet Name

Owner's Name (First)

Breed / Description

Phone #

Veterinarian Name



Date

 Medication Name	 Dosage	 Frequency	 Time of Day	Are your instructions the same as on the bottle?		 Comments/instructions
				YES	NO	

## Consent for Medication Administration

I, (named above), hereby request and authorize Best Friends Fur Ever and its designated personnel to administer medication to my dog (named above), as prescribed by our veterinarian. I understand and agree to the following terms and conditions:

**Medication Information:** I have provided BFFE with accurate and up-to-date information regarding my dog's medication, including the name of the medication, dosage, frequency of administration, and any special instructions.

**Authorization for Administration:** I authorize BFFE personnel to administer the above listed medication to my dog according to the instructions provided.

**Emergency Situations:** In the event of an emergency requiring the administration of medication (i.e.. Seizure), I authorize BFFE personnel to take appropriate action, including administering medication as needed to ensure my dog's health and safety.

**Storage of Medication:** I understand that it is my responsibility to provide the BFFE with the medication in its original, labeled container, and to ensure that the medication is stored properly according to the instructions provided by the dog's Veterinarian.

**Communication:** I agree to keep the BFFE informed of any changes to my dog's medication regimen or health status that may affect their medication needs.

**Release of Liability:** I release Best Friends Fur Ever, its employees, and agents from any liability arising from the administration of medication to my dog, except in cases of negligence or willful misconduct.

**Revocation of Consent:** I understand that I may revoke this consent at any time by providing written notice to BFFE.

### Medication Administration Charges:

\$5.00 per day for standard medications

\$7.00 per day / per medication for TIME SENSITIVE medications (i.e. must be given at XX :XX time of day)

By signing below, I acknowledge that I have read and understand the terms of this consent form and agree to abide by them.

Pet Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ BFFE Intake Associate: \_\_\_\_\_