



2206 W. Lamar Alexander Pkwy

Maryville, TN 37801

865- 375- BARK (2275)

Brewstersbarkandbed.com

MEDICATION/SUPPLEMENT AUTHORIZATION FORM

Client First Name: _____ Last Name: _____

Pet's Name: _____

Check- in Date: _____ Check- out Date: _____

Prescribing Veterinarian: _____ Clinic Number: _____

Pet owners are responsible for providing the medication/supplement for the duration of their pet's stay. ALL medication(s) must be in its original bottle(s) with the label attached.

Medication 1

Medication Name: _____ Dose(mg/ML): _____

What is the medication for? _____

How would you like us to administer the medication?

Orally (tabs or caps) Orally (liquid) Other: _____

How often would you like us to administer the medication?

Daily AM amount: _____ Daily Mid- Day amount: _____ Daily PM amount: _____

Instructions same as bottle? If not, why? _____

When did pet have this medication last? _____

Other Notes: _____

Medication 2

Medication Name: _____ Dose(mg/ML): _____

What is the medication for? _____

How would you like us to administer the medication?

Orally (tabs or caps) Orally (liquid) Other: _____

How often would you like us to administer the medication?

Daily AM amount: _____ Daily Mid- Day amount: _____ Daily PM amount: _____

Instructions same as bottle? If not, why? _____

When did pet have this medication last? _____

Other Notes: _____

Medication 3

Medication Name: _____ Dose(mg/ML): _____

What is the medication for? _____

How would you like us to administer the medication?

Orally (tabs or caps) Orally (liquid) Other: _____

How often would you like us to administer the medication?

Daily AM amount: _____ Daily Mid- Day amount: _____ Daily PM amount: _____

Instructions same as bottle? If not, why? _____

When did pet have this medication last? _____

Other Notes: _____

Medication 4

Medication Name: _____ Dose(mg/ML): _____

What is the medication for? _____

How would you like us to administer the medication?

Orally (tabs or caps) Orally (liquid) Other: _____

How often would you like us to administer the medication?

Daily AM amount: _____ Daily Mid- Day amount: _____ Daily PM amount: _____

Instructions same as bottle? If not, why? _____

When did pet have this medication last? _____

Other Notes: _____

Owner is aware and understands that Brewster's Bark & Bed staff are not veterinarians, and they are not expected to diagnose or detect illnesses in the pets that are staying at Brewster's Bark & Bed. Owner agrees to assume all risk associated with administration of medication and/or supplements by Brewster's Bark & Bed staff during pet's stay.

Owner's Signature

Date

Owner's Printed Name