

**COTTAGE KENNELS AND CATTERY
MEDICATION PERMISSION FORM**

Pet Name: _____ Surname: _____

Client Signature: _____ Date: _____

Medication: _____	Use: _____				
Frequency:	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; text-align: center;">AM</td><td style="width: 25%; text-align: center;">NOON</td><td style="width: 25%; text-align: center;">PM</td><td style="width: 25%; text-align: center;">OTHER</td></tr></table>	AM	NOON	PM	OTHER
AM	NOON	PM	OTHER		
Dosage:	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>				
Next dose due: _____ Instructions different to Vet label? <input type="checkbox"/>					
Refrigeration: <input type="checkbox"/> With food: <input type="checkbox"/> Before food: <input type="checkbox"/> How long? _____					
Notes: _____ _____					

Office use only | Amount provided: _____ Signed: _____ Conf: _____

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