



# Boarding Medications

Client's Name \_\_\_\_\_

Patient's Name \_\_\_\_\_

**I consent and authorize VCA Amherst Animal Hospital to administer the following medication(s). I understand that there is a daily fee for medicating boarding pets ranging from \$4 to \$9 per day.**

Drug Name: \_\_\_\_\_ MG/ML: \_\_\_\_\_ Last Given: \_\_\_\_\_ A.M.  P.M.

How Often (A Day):  One (1)  Two (2)  Three (3)

Directions: Give \_\_\_\_\_ (amount)  Tablet(s)  Capsule(s)  Scoop(s)  Ml(s)

Squirt(s)  Drop(s)  Strip(s)  Chew(s)

How do you administer medication at home? \_\_\_\_\_

Drug Name: \_\_\_\_\_ MG/ML: \_\_\_\_\_ Last Given: \_\_\_\_\_ A.M.  P.M.

How Often (A Day):  One (1)  Two (2)  Three (3)

Directions: Give \_\_\_\_\_ (amount)  Tablet(s)  Capsule(s)  Scoop(s)  Ml(s)

Squirt(s)  Drop(s)  Strip(s)  Chew(s)

How do you administer medication at home? \_\_\_\_\_

Drug Name: \_\_\_\_\_ MG/ML: \_\_\_\_\_ Last Given: \_\_\_\_\_ A.M.  P.M.

How Often (A Day):  One (1)  Two (2)  Three (3)

Directions: Give \_\_\_\_\_ (amount)  Tablet(s)  Capsule(s)  Scoop(s)  Ml(s)

Squirt(s)  Drop(s)  Strip(s)  Chew(s)

How do you administer medication at home? \_\_\_\_\_

Prescription Refill Request (Drug Name): \_\_\_\_\_ Quantity: \_\_\_\_\_ Filed:

**I have read and understand this consent form and verify that I am of legal age (18 years or older).**

Checked-In By: \_\_\_\_\_

Scanned/Uploaded By: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time

## VCA Amherst Animal Hospital

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AT VCA ANIMAL HOSPITALS, WE CARE