

NUBBY & CO. MEDICATION INSTRUCTIONS AND CONSENT FORM

Owner's Name: _____

Owner's Contact Number: _____

Vet Provider Name and Number: _____

Name of Pet: _____

Name of medication: _____

Reason for medication: _____

Time of medication administration: _____

Instructions for medication administration: _____

The owner of the pet is to provide the medication. Medications must be in the original container from the treating Veterinarian with written instructions on the label of the container. The label must have a description of the medication, frequency of medication, taken with or without food, expiry date of medication and name of pet. Expired medications will not be administered. Medications will not be administered if any of the above criteria have not been supplied. Owner will be notified as soon as possible if medication cannot be administered. By signing this form you are agreeing to the terms of this consent form and are authorizing **Nubby & Company's (Nubby & Co.)** staff members to administer your pet's medication(s).

Client/Owner Name: _____

Signature of Client/Owner: _____ Date: _____