

MEDICATION/SUPPLEMENT
FORM

*This form must be completed for
each boarding reservation.*



100 Animal Avenue
Sanford, NC 27330
919-776-0076
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- A separate Medication/Supplement Form is required for each individual pet.
- Any medication/supplement must be in its original container, with original instructions attached.

ARRIVAL DATE: _____

DEPARTURE DATE: _____

OWNER'S NAME: _____

PET'S NAME: _____

(1) MEDICATION/SUPPLEMENT NAME: _____

STRENGTH: _____

DOSAGE AMOUNT: _____

EXAMPLE: 100 MG

EXAMPLE: 1 PILL

WHEN TO ADMINISTER: AM NOON PM ONLY ADMINISTER AS NEEDED

CONDITION BEING TREATED: _____

SPECIAL INSTRUCTIONS: _____

(2) MEDICATION/SUPPLEMENT NAME: _____

STRENGTH: _____

DOSAGE AMOUNT: _____

EXAMPLE: 100 MG

EXAMPLE: 1 PILL

WHEN TO ADMINISTER: AM NOON PM ONLY ADMINISTER AS NEEDED

CONDITION BEING TREATED: _____

SPECIAL INSTRUCTIONS: _____

(3) MEDICATION/SUPPLEMENT NAME: _____

STRENGTH: _____

DOSAGE AMOUNT: _____

EXAMPLE: 100 MG

EXAMPLE: 1 PILL

WHEN TO ADMINISTER: AM NOON PM ONLY ADMINISTER AS NEEDED

CONDITION BEING TREATED: _____

SPECIAL INSTRUCTIONS: _____

I give Rae-Zor Grooming, Boarding & Daycare permission to administer all medications/supplements listed above to the pet identified in this record.

SIGNATURE: _____

DATE: _____