



Bay Area Pet Pals
PO Box 352 • San Carlos, CA 94070
(650)996-6652

www.BayAreaPetPals.com • info@bayareapetpals.com

Pet Medication Authorization Page 1 of 2
(Please fill out the below using ONLY Black Ink)

Pet Owner's Name: _____ Name of Pet: _____

Date of Last Check-up: _____ Vaccinations: _____

Known illnesses: _____

Veterinarian Information:

Veterinarian Name: _____

Complete Address: _____

Phone Number: _____

Permission to use our veterinarian in the event above veterinarian is not available: Yes No

Medication Information: Number of medications needed during service contract: _____

Name of Medication (only enter one medication here): _____ Amount Given: _____

(For additional medications, please fill out addition medication information on the next sheet starting with #2)

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

Has pet been on this medication before: Yes No Any known problems with administering: Yes No

Please Describe: _____

Bay Area Pet Pals and staff agree to administer medication to above pet per the instructions listed above. Bay Area Pet Pals is not responsible for **any** reaction pet has to the medication. If pet needs emergency vet care, owner agrees to be responsible for all cost incurred including transportation and vet fees. Owner agrees to hold Bay Area Pet Pals harmless of any claims unless gross negligence has been proven. This agreement will remain valid until a new agreement has been completed and on file.

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date



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Pet Medication Authorization Page 2 of 2

2. Additional Medication Information:

Name of Medication: _____ Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

Has pet been on this medication before: Yes No Any known problems with administering: Yes No

Please Describe: _____

3. Additional Medication Information:

Name of Medication: _____ Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

Has pet been on this medication before: Yes No Any known problems with administering: Yes No

Please Describe: _____

4. Additional Medication Information:

Name of Medication: _____ Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

Has pet been on this medication before: Yes No Any known problems with administering: Yes No

Please Describe: _____