



## Mick's Mutts Dog Walking Services Medication Consent Form

### Owner Information

Owner's Name	
Contact Number	
Email Address	
Address	
Dog Name	
Breed	

### Medication

Medication Name	
Dosage	
Frequency	
Time of Day	
Vets Contact Details (Name & Contact Number)	
Purpose of Medication	
<b>Administration Instructions</b>	

**The owner is to provide the medication which must include: The original container from the Vet with written instructions clearly on the label. The label must have a description of the medication, frequency of medication, to take with or without food, expiry date, and name of the dog. Medication must be in date and not expired.**



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.

Medication will be given exactly as instructed in these forms, please make sure the dosage is correct. I give consent for **Mick's Mutts Dog Walking Service** to administer my dog's medication as directed in these forms

Owners Name

Signed

Date

Dog Walkers Name

Signed

Date