



WESTINN KENNELS

Where your pets come to play while you are away

PETS NAME: _____

NAME OF MEDICATION: _____

REASON FOR MEDICATION: _____

ADMINISTRATION DIRECTIONS: _____

Date Given	Given By	Medication Type	# Provided	Date Given	Given By
		Syringe			
		Pill / Tablet			
		Bottle			
		Documentation instructions			
		Bottles are not counted if they are pill bottles			
		Pills are counted by medication instruction. Example if a 1/2 or 1/4 pill is the unit of measure we will count the 1/2 or 1/4 pill as one pill.			

I authorize Westinn Kennels Inc. to administer medications as direct by this medication directive form.

Signature of Owner or Authorized Adult: _____



WESTINN KENNELS

Where your pets come to play while you are away

PETS NAME: _____

NAME OF MEDICATION: _____

REASON FOR MEDICATION: _____

ADMINISTRATION DIRECTIONS: _____

Date Given	Given By	Medication Type	# Provided	Date Given	Given By
		Syringe			
		Pill / Tablet			
		Bottle			
		Documentation instructions			
		Bottles are not counted if they are pill bottles			
		Pills are counted by medication instruction. Example if a 1/2 or 1/4 pill is the unit of measure we will count the 1/2 or 1/4 pill as one pill.			

I authorize Westinn Kennels Inc. to administer medications as direct by this medication directive form.

Signature of Owner or Authorized Adult: _____