

ORCHARD ROAD ANIMAL HOSPITAL

MEDICATION/SUPPLEMENT CONSENT FORM

Last Name: _____

Pet's Name: _____

My pet receives the following medication(s)/supplement(s):

Name of Medication/Supplement:	Dosage	Description (Pill, liquid, color)	Was today's dose given?
			AM yes/no Midday yes/no PM yes/no
			AM yes/no Midday yes/no PM yes/no
			AM yes/no Midday yes/no PM yes/no
			AM yes/no Midday yes/no PM yes/no
			AM yes/no Midday yes/no PM yes/no

****I understand that there will be a charge of \$1 per dosing**

**** Charge for insulin administration is \$10.00 each time given**

Owner Signature

Date