

Canine College Student Med Form



Owners are required to complete this form whenever a dog enters our facility and owner requests we administer medications

Dogs Name: _____ Date: _____

Medical Condition requiring Medication: _____

Name of Veterinarian who prescribed medication: _____

Name of Medication: _____

How Much (Meds) _____ How often or When: _____

I authorize Canine College to administer the above named medication to my dog as prescribed and authorized by me below.

Owner Signature (REQUIRED) _____

Please place an “X” in the appropriate box below along with the date

Weekday	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
AM							
Noon							
PM							

Weekday	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
AM							
Noon							
PM							

Weekday	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date:							
AM							
Noon							
PM							

Staff: A copy to go in Dog’s File, a copy to be placed with feeding form.