



Medication Waiver
K9 Corral Bed & Breakfast
316-841-4940

Pet/Owner's Name: _____ DOB: _____ Male / Female

Breed: _____ Colors/Markings: _____ Spayed / Neutered

Health Record (Must fill out new form after each Vet Visit or when new medications are required)

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

1. 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: _____

K9 Corral Bed & Breakfast and staff agree to administer medication to above pet per the instructions listed above. **K9 Corral Bed & Breakfast** 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 **K9 Corral Bed & Breakfast** harmless of any claims unless gross negligence has been proven. This agreement will remain valid until a new agreement has been filled out.

I, _____, have entered the above information as truthfully and accurately as possible and give **K9 Corral Bed & Breakfast** permission to administer listed medications.

Client Signature

Date

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: _____