

MEDICATION FORM

If medication is to be administered to your pet(s) by Petopia, we require the following information and agreement to be completed. Please provide specific details about medication administration below to ensure accuracy.

Owner Information

First Name: _____ Middle Initial: _____ Last Name: _____

Street: _____ Apt/Unit Number: _____

City: _____ Postal Code: _____

Home Phone Number: (____) _____ Mobile Number: (____) _____

Work Number: (____) _____

Medication Information

Name of Pet to receive medication: _____

Name of Medication(s): _____

Reason for Medication(s): _____

Location of Medication: _____

How long has your pet received this medication? _____



Is this an ongoing medication? Yes ☐ No ☐ (If No, provide stop date) _____

Name of Prescribing Veterinarian / Animal Hospital: _____

Amount to be given: _____

Route of Medication:

Oral ☐ Topical ☐ Eyes ☐ Ears ☐ Rectal ☐

Injection ☐ Please specify where: _____ Other: _____

How is it to be administered: _____

Time to be given (if there is a specific time this pet must receive his medication, please indicate this):

Is this a necessary medication (i.e. will pet experience medical emergency if dosage is not given)?

Yes ☐ No ☐

*We ask this only to determine the severity of the situation should your pet refuse to take medication.

Specific instructions following administration (i.e. does pet have to be monitored, are there any physical or behavioural effects?): _____

Have you ever had difficulties in administering this medication to this pet before? Yes ☐ No ☐

If so, explain: _____



If pet will not reasonably take medication, should Petopia seek help from your veterinarian?

Yes ☐ No ☐

Petopia agrees to provide the medication above, or seek help if unable to do so, and is hereby held harmless from any injury or death to pet(s) relating to administration of medication while performing duties as outlined above. Petopia is not responsible for accuracy of information provided by you. If you are unsure in regard to any information regarding medication and if the medication is 'necessary,' please consult your veterinarian before completing this form.

I, _____, hereby agree that Petopia is to provide the medication above for the pet, as indicated. If Petopia staff is unable to administer the medication (i.e. struggle or refusal from pet), Petopia is hereby authorized to transport the pet to my veterinarian for aid in administering the medication, only if authorized in the above information. Otherwise, Petopia will continue to provide all other services, as outlined, and I, or other indicated person, will be notified using emergency contact method. Should a pet need to be transported to a veterinarian for help, I take full responsibility for all charges for veterinary services and pet taxi services.

Name (please print): _____

Signature: _____

Date: _____

Attest: _____

