



# Second Home Pet Boarding, LLC

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Saint Anthony IN 47575  
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secondhomepetboarding@gmail.com

## MEDICATION/SUPPLEMENT ADMINISTRATION FORM

Client Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

I am aware and understand that Second Home Pet Boarding, LLC employees are not veterinarians and do not have backgrounds in animal medicine. Second Home Pet Boarding, LLC employees are not expected to diagnose or detect illnesses in the pets that are being boarded. I agree to assume all risk associated with administration of any medications/supplements by Second Home Pet Boarding, LLC employees during my pet's stay.

**NOTE: There is a \$5 per day fee for any dog requiring the administration of more than one medication per day.**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Signature also required at the bottom of the page\*\***

**\*\*Please use a separate page for each medication/supplement to be administered to your pet\*\***

Medication/Supplement Name:				
What condition/ailment is your pet being treated for?				
Is there a specific way that you administer this medication/supplement to your pet:				
Verify type of medication/supplement and provide the exact count of medication being left at Second Home Pet Boarding, LLC	<input type="checkbox"/> Ointment/Count	<input type="checkbox"/> Oral/Count	<input type="checkbox"/> Other (Specify) / Count	
Is this medication/supplement to be administered daily or "as needed"?	<input type="checkbox"/> Scheduled Daily	Daily Dosing Schedule: <i>specify times am/pm &amp; amounts</i>		
	<input type="checkbox"/> As Needed	If "as needed" - please specify the maximum daily dosage/frequency:		

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_