North Star Animal Center Medication Chart

Client:	Pet:	Sex:
Date:	DOB:	Species:
Phone:	Age:	Breed:

This document is needed to indicate which prescription medications are to be administered to your pet while boarding at this facility between the dates of _____ and _____.

Name of Medication	Instructions	Last Given	Prescribing DVM/Clinic

By signing, I attest that all information is correct and that I do not hold North Star Animal Hospital, North Star Animal Center or its employees liable if my pet has any adverse reaction to any medications listed above.

Printed Name:	Signature:

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