

■ Pooch Palace – Medication Authorization Form

Pet's Name: _____

Owner's Name: _____

Medication Information

Medication Name	Dosage	Frequency/Time(s)	Special Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Notes

Authorization & Liability Waiver

I, the undersigned, authorize **Pooch Palace** staff to administer the above-listed medication(s) to my pet as instructed. I understand that while every effort will be made to properly administer the medication, Pooch Palace is not responsible for adverse reactions, complications, or the effectiveness of the medication.

Owner Signature: _____

Date: _____

Staff Receiving Form: _____

Date: _____