

Medication Authorisation

Staff Initials: _____

As the owner / guardian of _____, I give Hallam park permission to administer the following medications at the dosage rate advised on the veterinary label, (or package directions for off the shelf treatments).

Medication 1	Name of medication: _____			
	What is this medication for? _____			
	Refrigeration required YES / NO		Next dosage to be given (Day and Date): _____	
	Frequency per day:	AM	NOON	PM
	Dosage on vet label:			
	With Food (YES / NO / DOESN'T MATTER)			
	Other Instructions:			OFFICE USE ONLY Quantity on Arrival

Medication 2	Name of medication: _____			
	What is this medication for? _____			
	Refrigeration required YES / NO		Next dosage to be given (Day and Date): _____	
	Frequency per day:	AM	NOON	PM
	Dosage on vet label:			
	With Food (YES / NO / DOESN'T MATTER)			
	Other Instructions:			OFFICE USE ONLY Quantity on Arrival

Medication 3	Name of medication: _____			
	What is this medication for? _____			
	Refrigeration required YES / NO		Next dosage to be given (Day and Date): _____	
	Frequency per day:	AM	NOON	PM
	Dosage on vet label:			
	With Food (YES / NO / DOESN'T MATTER)			
	Other Instructions:			OFFICE USE ONLY Quantity on Arrival

Owner / Guardian Signature: _____ Date: _____