



Summit Bridge Veterinary Hospital  
3930 Red Lion Road  
Bear, DE 19701  
302-834-PETS (302-834-7387)

**Summit Bridge Veterinary Hospital, LLC**  
**Medication Form**  
**Boarding and Dog Day Care**

Client Name:

\_\_\_\_\_

Dog's Name:

\_\_\_\_\_

By signing this agreement, you understand boarding and dog day care employees are not veterinarians and have limited backgrounds in animal medicine. Therefore, you agree to assume all risk associated with administration of medication by us. If boarding and day care employees are unable to administer medication, the hospital's veterinarian or veterinary nurse will administer the medication. Further, you understand that administration of medication may incur a fee (see fee chart). Further, by signing this, you represent that all information is provided in entirety.

Client Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Medication 1:

Medication Name: \_\_\_\_\_

For what condition is the dog using this medication?

\_\_\_\_\_

\_\_\_\_\_

Is there a specific way you give this medication that works well for you?

\_\_\_\_\_

\_\_\_\_\_

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What type of medication and how many (count) or much (mL) is being left with us?

\_\_\_\_ Ointment

\_\_\_\_ Oral

\_\_\_\_ Other (specify):

How is this medication to be administered?

Scheduled daily  Morning  Noon  Afternoon  
 As needed (please specify)

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Medication 2:

Medication Name: \_\_\_\_\_

For what condition is the dog using this medication?

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Is there a specific way you give this medication that works well for you?

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What type of medication and how many (count) or much (mL) is being left with us?

Ointment  
 Oral  
 Other (specify):

How is this medication to be administered?

Scheduled daily  Morning  Noon  Afternoon  
 As needed (please specify)

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Medication Name: \_\_\_\_\_

For what condition is the dog using this medication?

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Is there a specific way you give this medication that works well for you?

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What type of medication and how many (count) or much (mL) is being left with us?

Ointment  
 Oral  
 Other (specify):

How is this medication to be administered?

\_\_\_\_ Scheduled daily    \_\_\_\_ Morning    \_\_\_\_ Noon    \_\_\_\_ Afternoon  
\_\_\_\_ As needed (please specify)

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**Medication Administration Chart  
(For Employees Only)**

Directions:

- Write the date, exact name of medication, and place your legible initials under the time slot in which you administered the medication and write the EXACT TIME the medication was administered. In the "notes" column, indicate any situations such as "with pill pocket" or "with chicken" or "with nurse" (Provide name of nurse).
- For dogs that receive medication "as needed", check three times a day (AM, Noon, PM). Confirm that the daily maximum dose has not been exceeded.
- If unable to administer the medication, promptly call the hospital and ask for a veterinary nurse to attend to the task.

Dog's Name: \_\_\_\_\_

Boarding Kennel: \_\_\_\_\_

Dog Check-in Date: \_\_\_\_\_ Dog Check Out Date: \_\_\_\_\_

Date	Medication Name	AM	Noon	PM	Notes
Date	Medication Name	AM	Noon	PM	Notes
