



Bow chika Wow Town
27 Meadow Street
Warwick, RI 02886
401.737.2900

MEDICATION/SUPPLEMENT ADMINISTRATION FORM

Pet Parent First Name: _____ Last Name: _____

Pet's Name _____

I am aware and understand that Bow chika Wow Town employees are not veterinarians and do not have backgrounds in animal medicine. Bow chika Wow Town employees are not expected to diagnose or detect illnesses in the pets that are in our care. I agree to assume all risk associated with administration of medication/supplements by BcWT employees during my pet's stay.

Client Signature _____ Date: _____

Signature also required on page 2

Medication/Supplement Name:

For what condition/ailment is the pet being treated?

Will the course of treatment be completed while your pet is in our care? Yes No

Verify type of medication/supplement:

- Capsule Tablet Ointment Drops Spray Powder
- Other

Is this medication/supplement to be administered daily or "As Needed"?

Daily: 1x/day 2x/day 3x/day Other:
 am noon pm Dosage:

If 'As Needed' please specify maximum daily dosage/frequency:

Is there a specific way that you give your pet his/her medication/supplement?

- Eats as treat Oral In meal In snack Peanut butter Cheese Canned food
- Pill Pocket Other _____

Additional Instructions:



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I hereby represent that all of the information provided on this entire Medication Administration Form is accurate.

Pet Parent signature: _____

Date: _____