



WCB MEDICATION AUTHORISATION

I, the pet parent or agent of _____, authorise Windrest Cattery Boutique to administer the following medications at the prescribed dosage on the veterinary label, (or the package directions for any off the shelf treatments). I also agree to accept the Windrest Cattery Boutique pet policy and rules.

Medication 1	Medication name (refer label) _____						
	What is this medication for? _____						
	Cool storage required	Yes	No	Medication given today?		Yes	No
	Frequency per day	AM	AM	PM	PM	Other	
	Dosage on vet label						
	With food Yes / no / doesn't matter						
	Other instructions	Windrest office use only (volume on arrival)					

Medication 2	Medication name (refer label) _____						
	What is this medication for? _____						
	Cool storage required	Yes	No	Medication given today?		Yes	No
	Frequency per day	AM	AM	PM	PM	Other	
	Dosage on vet label						
	With food Yes / no / doesn't matter						
	Other instructions	Windrest office use only (volume on arrival)					

Medication 3	Medication name (refer label) _____						
	What is this medication for? _____						
	Cool storage required	Yes	No	Medication given today?		Yes	No
	Frequency per day	AM	AM	PM	PM	Other	
	Dosage on vet label						
	With food Yes / no / doesn't matter						
	Other instructions	Windrest office use only (volume on arrival)					