

Date: _____ Name _____ Customer ID number _____

Vacation cat resort MEDICATION (including supplements) REQUEST

(must be completed each stay)

Cat/s name receiving the MEDICATION

(please note 'shared' cats cannot be separated for meal)

Name and type of MEDICATION

How do you normally administer the MEDICATIONS

- "pill" them in food (please note 'shared' cats cannot be separated for meals)
- dropped (ear/eye) injection
- other (please specify in dose amount)

Reason for MEDICATION

Dose/amount and frequency of MEDICATION required

Does MEDICATION need to be given at a specific time? If so when?

This is Vet Prescribed **Yes/No** (please circle)

if yes Prescribing vet _____

Is this requirement (please circle) **specific dates only/ This entire stay only/ Ongoing/Only if required**

If specific dates please list _____

I declare that the above information is correct and instruct the Vacation cat resort team to administer it as

Signed _____