

# WRC MEDICATION AUTHORISATION

I, the pet parent or agent of \_\_\_\_\_, authorise Windrest Cattery 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 pet policy and rules.

<b>Medication 1</b>	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)			

<b>Medication 2</b>	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)			

<b>Medication 3</b>	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)			