

# Eyersdown Farm

## Medication Form

Owner name

Contact tel during boarding

I agree to my pet(s) being administered the veterinary prescribed medication; which I have supplied by any member of Eyersdown Farm staff.

I am fully aware that the staff may not be medically qualified for this task.

I also agree that should my pet(s) be prescribed any additional medication by a veterinary surgeon, this may also be administered by a member of Eyersdown Farm staff.

**Name of Pet**

**Name of Medication**

**Frequency**

**Amount to be Administered**

Signed

Date

*Please save this completed form and email to [eyersdown@mail.com](mailto:eyersdown@mail.com)*