

BOARDING
 AT THE
ROOSEVELT MANSION
 2001 ROUTE 22, BREWSTER, NY 10590
 T 845.279.6578 F 845.278.5940

FOOD & MEDICATION/SUPPLEMENT ADMINISTRATION

Client First Name: _____ Last Name: _____

Pet's Name: _____

I am aware that an extra fee is associated with the administration of medicine or supplements depending on specific needs of animal.

Client Signature: _____ Date: _____

Signature also required on page 2

Food Name(s):			
For what condition/ailment is the pet fed this type of food? If none, just leave blank.			
Is there a specific way that you feed your pet?			
Food:	Amount:	Time:	Special directions:
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Medication/Supplement Name:				
For what condition/ailment is the pet being treated for?				
Is there a specific way that you give your pet their medication/supplement?				
Verify type of medication/supplement and provide the exact count of medication being left at The Roosevelt Mansion.	<input type="checkbox"/> Ointment Count:	<input type="checkbox"/> Oral Count:	<input type="checkbox"/> Other (Specify) Count:	
Is this medication/supplement to be administered daily or "As Needed"?	<input type="checkbox"/> Scheduled Daily	<input type="checkbox"/> A.M. Dose	<input type="checkbox"/> Noon Dose	<input type="checkbox"/> P.M. Dose
	<input type="checkbox"/> As Needed	If "As Needed", please specify maximum daily dosage frequency:		

Please use back of this form if additional space is needed or check this box and ask our front desk staff for more Food/Medication/Supplement Administration Forms.

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

Client Signature: _____

Date: _____