

# MEDICAL

## CLIENT INSTRUCTION RECORD



Arrival Date:

Departure Date:

Client ID:	(For AL Use)	Patient ID: (For AL Use)	Weight: lbs
<b><u>Clients Name:</u></b>		<b><u>Pet's Name:</u></b>	
Address:		Species:	
		Breed:	
Telephone:		Sex:	
Emergency T:		Color:	
How many Pill Bottles/Containers/Eye Droppers are you releasing to Animal Lodge: (Please list names). We apologize for the inconvenience.			
<u>MORNING MEDICATION:</u> (Please List Quantity)			
Animal Lodge dispenses medication between 5-6AM:			
<u>NOON MEDICATION:</u> (Please List Quantity)			
Animal Lodge dispenses medication between 12PM-1PM:			
<u>EVENING MEDICATION:</u> (Please List Quantity)			
Animal Lodge dispenses medication between 5-6PM:			
<u>OTHER MEDICAL SPECIAL INSTRUCTIONS:</u> (Please List Quantity)			
If your pet requires extensive medical care we would like to recommend medical boarding.			

PET' S NAME \_\_\_\_\_

Employee Initials: \_\_\_\_\_

Client Signature: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_