

Veterinary Emergency Referral Center Client Medication Acquisition Form

Client Name: _____ **Date:** _____

Patient Name: _____

Please list all medications your pet is currently taking.

Medications/Vitamins/Supplements

Ex.	Medication (strength): <i>Clavamox (62.5mg)</i>	Instructions: <i>Give 1 tab by mouth twice daily.</i>	Last dose given (date & time): <i>8:00am 6/1/18</i>	Quantity Remaining: <i>7</i>
Prescribed by: <i>Dr. Smith, All Friends Pet Hospital</i>				
1	Medication (strength):	Instructions:	Last dose given (date & time):	Quantity Remaining:
Prescribed by:				
2	Medication (strength):	Instructions:	Last dose given (date & time):	Quantity Remaining:
Prescribed by:				
3	Medication (strength):	Instructions:	Last dose given (date & time):	Quantity Remaining:
Prescribed by:				
4	Medication (strength):	Instructions:	Last dose given (date & time):	Quantity Remaining:
Prescribed by:				
5	Medication (strength):	Instructions:	Last dose given (date & time):	Quantity Remaining:
Prescribed by:				

Please bring all current medications with you to VERC the day of your appointment. Medications must be brought in a properly labeled container. Patients may or may not be given these current medications while they are at VERC. This decision will be made by the doctor based on the current medical need of your pet.

I hereby release the Veterinary Emergency Referral Center, its owners, employees, agents and assigns of any and all liability and legal claims due to the release of these medications. VERC will not be responsible for any lost or damaged medications.

Electronic Signature Box