Star Walkies

White Briar Cottage

Grantshouse

Duns

TD11 3RW

starwalkies1970@gmail.com

0794 967 2844

Please complete all sections and bring with you along with all medication clearly marked.

NAME:………………………………………………………………………………….

ADDRESS:……………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………..

TELEPHONE NO:…………………………….. MOBILE NO:……………………….

PET’S NAME:…………………………… BREED:…………………………………

VETS:…………………………………………………………………………………

…………………………………………………………………………………………

CONDITION: ………………………………………………………………………….

MEDICATION:………………………………………………………………………...

…………………………………………………………………………………………..

DOSAGE: ………………………………………………………………………………

…………………………………………………………………………………………..

All medication must be clearly marked and dosage stated. ***Injectable medication*** ***must be supplied in syringe at correct dosing levels***. (eg. 7 syringes for daily dosing when staying 1 week drawn up by owner clearly marked).

NO MEDICATION WILL BE GIVEN UNLESS ACCOMPANIED BY THIS LETTER.

I give permission to Charmaine Mitchell to dispense medication to my animal as per the above instruction.

Signature…………………………………………… Date……………………