



MEDICATION RELEASE FORM

Pets Name: _____

Type of Medication: _____

The following release is necessary for our records before we can dispense medication.

I am aware Northern Rhode Island Animal Hospital recommends monitoring blood work for all pets taking long-term medication. I am also aware of the potential risks of giving medication to a pet without conduction monitoring blood work.

At this time I choose to decline the blood work and administer the medication.

Signed: _____

Date: _____