RDR Kennels
271 Pounding Mill Rd.
Warrensville, NC 28693
336-384-4556

Medication Adminstration Sheet

Medication:_____
Time/s:_____
Veterinarian:_____
For:_____

I, _____ give Dawn, Rick, and Rusty Zachary of RDR Kennels permission to administer the above named medication to my pet at the prescribed times.

Date	Time	Time	Time

Signature:_____
Date: _____