



Client ID #: _____

Medication Waiver

Pawsitively Purrfect Pet Sitting

Pet's Name: _____ DOB: _____ Male / Female
Breed: _____ Colors/Markings: _____ Other: _____

Medication Information: Number of medications needed during services: _____

Name of Medication: _____ Amount Given: _____

Reason for Medication: _____

Instructions for administration: Time: _____ AM / PM _____ AM / PM _____ AM / PM

Has pet been on this medication before: Yes No Any known problems with administering: Yes No

Please Describe: _____

Name of Medication: _____ Amount Given: _____

Reason for Medication: _____

Instructions for administration: Time: _____ AM / PM _____ AM / PM _____ AM / PM

Has pet been on this medication before: Yes No Any known problems with administering: Yes No

Please Describe: _____

Special Notes:

Our Pawsitively Purrfect Pet Sitting staff agrees to administer medication to above pet per the instructions listed above. We are not veterinarians and not responsible for **any** reaction pet has to the medication. If pet needs emergency vet care, Owner agrees to hold Pawsitively Purrfect Pet Sitting harmless of any claims unless gross negligence has been proven. This agreement will remain valid until a new agreement has been filled out.

I have approved the above information accurate as possible and give Pawsitively Purrfect Pet Sitting permission to administer listed medications.

Date Client Name or Initials Phone Number