



Medication Waiver

Paws Plus Pet Sitting Service agrees to administer medication to my pet _____ . My pet is under the care of _____ , who has prescribed _____ in the dosage of _____ for _____ . I have explained dispensing information and side effects of this medication to my pet sitter at Paws Plus Pet Sitting Service, and written dispensing information and emergency information is listed below. I understand that Paws Plus Pet Sitting Service will dispense the medication in accordance with the written instructions below. I therefore waive any claim against Paws Plus Pet Sitting Service unless the pet sitter is found negligent and does not perform as agreed herein.

Medication: _____

Purpose: _____

Dosage: _____

Given by: Pill , Liquid , Subcutaneous injection _____ (circle one)

Doses per day: _____

At what times: _____

Does your pet take this medication well? _____

Instructions for Dispensing Medications and Emergency Information:

Client Name (please print) _____

Client Signature _____

Date