

**Paws By The Beach LLC
MEDICAL WAIVER**

This form only needs to be filled out if Paws By The Beach will be administering any medication during visit.

Paws By The Beach LLC agrees to administer medication to my pet _____(name of pet). My animal is presently under the care of _____(name of veterinarian) who has prescribed _____

(medication) for _____
(condition).

I have explained dispensing information and the effects of this medication to the pet sitter and the Company.
Attached please find dispensing instructions and emergency information. I acknowledge that the Company services will be performed in accordance with my instructions contained herein. I waive any claim against **Paws By The Beach LLC** unless the Company is negligent and does not perform as agreed herein.

CLIENT:

DATE:

Instructions For Dispensing Medications and Emergency Information:
