

MEDICAL WAIVER

Paws at Home 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 **Paws at Home**. Attached please find dispensing instructions and emergency information.

I acknowledge that **Paws at Home** services will be performed in accordance with my instructions contained herein. I waive any claim against **Paws at Home** unless **Paws at Home** is negligent and does not perform as agreed herein.

CLIENT:

DATE:

Instructions For Dispensing Medications and Emergency Information:
