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| **Medication Consent** | **Mile High Pet Sitters, LLC****51 Washington Street** **Denver, CO 80203****855-PET-5280****www.milehighpetsitters.com** |

# Pet

Name

# Medication

Name (as printed on label)

Reason for medication

How to administer (including time, frequency and dosage)

# Agreement

I give you, the pet sitter, permission to administer the medication as per my instructions.

Signature

Print Name

Date