PERMISSION TO ADMINISTER MEDICATIONS

My signature below authorizes pet sitter/dog walker with PS We Love Your Pet LLC.,

_____ , to administer medication and/or prescribed treatments

to my pet(s) _____, _____, _____,

_____, for the period of _____ through _____.

Directions for administration of medication/treatments have been provided and I have notified my veterinarian that my pet sitter will be administering this medication and/or treatments in my absence with my complete authorization.

_____ _____

Client Signature Date

Rx Notes and Instructions:

_____

_____

_____

_____

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