



CANINE CRITTER  
SITTER

## MEDICATION PROFILE

Please complete this new client intake form for each dog in your household.

All medications must come in the original bottle from your Veterinarian. If your pet is aggressive during medication administration we reserve the right to refuse administering medication to your pet and you will be notified.

If your pet requires a pill pocket or any other items to take medication(s), you the owner must provide these items. (Ex. cheese, peanut butter). Canine Critter Sitter will not reuse any insulin needles. All needles will need to be prefilled with necessary dosage amount for each injection. (Used needles will be returned to customer). By signing this form you or your representatives agree not to hold Canine Critter Sitter responsible for any adverse effects to your pet as a result of medication administering while in the care of Canine Critter Sitter.

**By signing this form, you acknowledge that you understand and accept the terms and conditions set fourth in this agreement.**

Animals Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Canine Critter Sitter Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list all medication names/what they're used for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please state Dosage Amount: \_\_\_\_\_

Please state Dosage Times: \_\_\_\_\_

Dates Medication is needed: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

**We appreciate you taking the time to fill this out! The safety, well-being, and happiness of your animals is our main priority.**