EURO PET TRANSPORT

Euro Pet Transport LTD

Medication Permission Form

Clients Name : **Emergency Contact No:**

Pets Name : **Male/Female:**

Pets Passport No : **Pets Micro chip No :**

Date of transport: **Route :**

Medication Name	Give Specific instruction for each medication

Euro Pet Transport staff agree to administer medication to above pet per the instructions listed above. Euro Pet Transport is not responsible for any reaction pet has to the medication. If pet needs emergency vet care, owner agrees to be responsible for all cost incurred including transportation and vet fees. Owner agrees to hold Euro Pet Transport harmless of any claims unless gross negligence has been proven. This agreement will remain valid until a new agreement has been completed and on file.

I have read the information above and have entered the above information as truthfully and accurately as possible.

Print Name:

Signature : **Date :**