Playful Paws Pet Care

Medication Permission Sheet

Owner's Name: ..... Pet's Name: .....

1. I give consent for any medication described on in this form, or any medication prescribed to my pet by a vet in my absence, to be administered to my pet by Stephen Walsh of Playful Paws Pet Care.

☐ I agree ☐ I disagree

Type of Medication: .....

Reason for Medication: .....

.....

Instructions for administering: .....

.....

.....

.....

Times to be Administered: .....

.....

Client's Signature: ..... Date: .....