

Fur to Feathers Pet Sitting Service

MEDICAL WAIVER

Fur to Feathers agrees to administer medication to my pet _____ **(name of pet)**. My animal is presently under the care of _____ **(name of veterinarian)** who has prescribed _____ **(medication)** for _____ **(condition)**.

I have explained dispensing information and the effects of this medication to the pet sitter and the Company. Attached* please find dispensing instructions and emergency information.

I acknowledge that the Company services will be performed in accordance with my instructions contained herein. I waive any claim against **Fur to Feathers** unless the Company is negligent and does not perform as agreed herein.

CLIENT:

DATE:

Instructions For Dispensing Medications and Emergency Information:

*Attachments