

Fur to Feathers Pet Sitting Service

Medical Waiver rev 7/2023

Fur to Feathers Pet Sitting agrees to administer medication to my pet as described below.

Name of pet: _____

Name of veterinarian that my pet is currently under the care of: _____

Medication(s) prescribed by veterinarian: _____

Condition(s) treated: _____

Instructions for Dispensing Medications

Name of Medication Prescribed	Frequency	Dosage Amount	How Administered

I have explained dispensing information and the effects of this medication to the **Fur to Feathers Pet Sitting** representative. See above for dispensing instructions.

Refer to the **Veterinarian Information Form** for veterinarian contact information.

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

Client Signature

Date