



## **MEDICAL WAIVER**

Pawriffic Pet Sitting Services agrees to administer medication to my pet(s) as described below in *Instructions for Dispensing Medications, Effects of Medication and Emergency Information*. My animal is presently under the care of \_\_\_\_\_ 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 Pawriffic Pet Sitting Services unless the company is negligent and does not perform as agreed herein.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



***INSTRUCTIONS FOR DISPENSING MEDICATIONS,  
EFFECTS OF MEDICATION AND EMERGENCY INFORMATION***

Pet(s) Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Where is Medication Stored? \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Dosage Time: \_\_\_\_\_

Medication Form:  
 Pill     Shot     Liquid     Topical     Other \_\_\_\_\_

Dosage Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

Normal Side Effects of this Medication:  
\_\_\_\_\_  
\_\_\_\_\_

What Warning Signs Should We Look For and What Should We Do:  
\_\_\_\_\_  
\_\_\_\_\_

When Should We Call the Veterinarian:  
\_\_\_\_\_  
\_\_\_\_\_

In the Event of Your Pets Death, How Do You Want Us to Handle The Final Plans:  
 Leave your Pet with the Veterinarians Office For Cremation Service  
 Public Cremation with no remains?  
 Private cremation service and the remains returned to you?  
 Other (Please Explain):  
\_\_\_\_\_  
\_\_\_\_\_