



MEDICATION WAIVER

Whiskers2Tails Pet Care (the "Company") 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. Listed below are 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 **Whiskers2Tails Pet Care** unless the Company is negligent and does not perform as agreed herein.

Client

Date

Instructions for Dispensing Medications and Emergency Information: