

Medication Waiver

Pet/Owner's Name: _____ DOB: _____ Male / Female
Breed: _____ Colors/Markings: _____ Spayed / Neutered

Health Record (Must fill out new form after each Vet Visit or when new medications are required)

Date of Last Check-up: _____ Vaccinations: _____
Known illnesses: _____

Veterinarian Information:

Veterinarian Name: _____
Complete Address: _____
Phone Number: _____

Permission to use our veterinarian in the event above veterinarian is not available: ☐ Yes ☐ No

1. Medication Information: Number of medications needed during service contract: _____

Name of Medication (only enter one medication here): _____ Amount Given: _____

(For additional medications, please fill out addition medication information on the next sheet starting with #2)

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

Has pet been on this medication before: ☐ Yes ☐ No Any known problems with administering: ☐ Yes ☐ No

Please Describe: _____

Plenty of Wags and staff agree to administer medication to above pet per the instructions listed above.
Plenty of Wags is not responsible for **any** reaction pet has to the medication. If pet needs emergency vet care, owner agrees to be responsible for all cost incurred including transportation and vet fees. Owner agrees to hold Plenty of Wags harmless of any claims unless gross negligence has been proven. This agreement will remain valid until a new agreement has been filled out.

I, _____, have entered the above information as truthfully and accurately as possible and give Plenty of Wags permission to administer listed medications.

Client Signature

Date

2. Additional Medication Information:

Name of Medication: _____ Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

Has pet been on this medication before: ☐ Yes ☐ No Any known problems with administering: ☐ Yes ☐ No

Please Describe: _____

3. Additional Medication Information:

Name of Medication: _____ Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

Has pet been on this medication before: ☐ Yes ☐ No Any known problems with administering: ☐ Yes ☐ No

Please Describe: _____

4. Additional Medication Information:

Name of Medication: _____ Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

Has pet been on this medication before: ☐ Yes ☐ No Any known problems with administering: ☐ Yes ☐ No

Please Describe: _____

Plenty of Wags
Dog Walking & Pet Sitting Services
(925) 383-3849
laura@plentyofwags.com