



**\* Dancing Paws Pet Care Medication Agreement \***

Dancing Paws Pet Care agrees to administer medication to my pet:

\_\_\_\_\_

My pet is under the care of \_\_\_\_\_ (name of veterinarian), who has prescribed \_\_\_\_\_ (medication) for \_\_\_\_\_ (type of medical condition).

I have explained dispensing information and the effects of this medication to my pet sitter at Dancing Paws Pet Care. Written dispensing instructions and emergency information have been provided in writing.

I understand that Dancing Paws Pet Care will dispense the medication in accordance with my written instructions. I therefore waive any claim against Dancing Paws Pet Care unless the company is found negligent and does not perform as agreed to.

\_\_\_\_\_  
Client Name (print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Please attach instructions, or provide them in writing on the reverse side of this page.

