PERMISSION TO ADMINISTER MEDICATIONS

(Addendum to Pet Sitting Service Contract)

My signature below authorizes pet sitter,

Carolyn Carlon (Awesome Pet Sitting),

to administer medication and/or prescribed treatments to my pet(s)

_____, _____,

_____, _____,

for the period of _____ through _____.

Directions for administration of medication/treatments have been provided and I have notified my veterinarian, acknowledged below, that my pet sitter will be administering this medication and/or treatments in my absence with my complete authorization.

_____ _____

Client Signature Date

_____ _____

Veterinarian Signature Date

Rx Notes and Instructions:

_____

_____

_____

_____

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