

Client's Name: \_\_\_\_\_

Text: (310) 463-2627 (In Case of an Emergency Please Call)

Email: woofpurrla@gmail.com • Website: www.woofpurr.LA

## MEDICATION WAIVER

- Health Record must be filled after each vet visit or when new medications are required •

*Please fill out a form for each medication so that we may provide the best possible care for your pet. Thank you!*

Pet's Name: \_\_\_\_\_ Type of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_

Last Check-up: \_\_\_/\_\_\_/\_\_\_ D.O.B. : \_\_\_/\_\_\_/\_\_\_ Gender: M / F Spayed/Neutered: YES / NO

Known medical conditions: \_\_\_\_\_ Vaccinations: \_\_\_\_\_

Number of medications needed during service contract: \_\_\_\_\_

Name of Medication (only enter one medication here): \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Instructions for administration: \_\_\_\_\_

Times to Administer Medication: \_\_\_\_\_

Dosage Each Time: \_\_\_\_\_ Has this pet been on this medication before: YES / NO

Known side effects: \_\_\_\_\_

Any known problems with administering: YES / NO If yes, describe: \_\_\_\_\_

Woof-Purr LLC and staff agree to administer medication to above pet per the instructions listed above. Woof-Purr LLC shall not be responsible if pet refuses medication. Woof-Purr LLC shall not be responsible for any reaction pet has to 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 Woof-Purr LLC 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 completely and accurately as possible.

By signing below the Client fully understands and agrees to the contents of this Agreement:



\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Client's Signature Date

*If anything changes, please notify us immediately by email along with a note left in an agreed area in your home.  
This form will be kept on file for all future visits.*