



Happy Pets LLC

303 910-2311

HPP2311@icloud.com

www.hppllc.biz



*Waiver to administer subcutaneous fluids,
insulin injections and oral medications, etc...*

Pet's Name: _____

By signing this waiver, you are giving permission to Happy Pets LLC to administer medications prescribed by your Veterinarian for the pet parent (owner) to administer in the home environment.

This waiver is proof that the pet parent or Veterinarian has shown the Pet Sitter the proper method to administer medicine and has provided a schedule of medication times, in addition to filling out a complete Pet Profile on this pet. This waiver removes all responsibility for reactions to medication or lack of medical improvement.

This form also provides a place for Pet Sitter to make notations of medication administration times and any adverse reactions or effects.

Pet Parent Name _____ Date _____

Pet Parent Signature _____ Dosage _____

Medicine Administration Log

Date:

Times:

Notations:

____/____/____

_____ AM / PM _____

____/____/____

_____ AM / PM _____

____/____/____

_____ AM / PM _____

____/____/____

_____ AM / PM _____

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Date:

Times:

Notations:

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