



## From Fur to Feathers

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## Medication Waiver

Pet's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female

Breed: \_\_\_\_\_ Colors/Markings: \_\_\_\_\_ Spayed / Neutered

Owner's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### **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

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

### **Medication Information:**

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

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

Administer Information: Amount Given: \_\_\_\_\_

Times per day: \_\_\_\_\_

With food or fasted: \_\_\_\_\_

**\*If medication is given once per day, please note a.m. or p.m.**

Notes (i.e. put in food during meal time/in a treat such as pill pocket/ takes willingly with no additives/use a pill gun):

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

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

To be completed by office:  Scanned to e-file Date: \_\_\_\_\_ File Number: \_\_\_\_\_ Input by: \_\_\_\_\_

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

Please Describe: \_\_\_\_\_

**From Fur to Feathers** and staff agree to administer medication to above pet per the instructions listed above. From Fur to Feathers 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 From Fur to Feathers 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 From Fur to Feathers permission to administer listed medications.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



To be completed by office:  Scanned to e-file Date: \_\_\_\_\_ File Number: \_\_\_\_\_ Input by: \_\_\_\_\_

**Additional Medication Information:**

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

Administer Information: Amount Given: \_\_\_\_\_

Times per day: \_\_\_\_\_

With food or fasted: \_\_\_\_\_

**\*If medication is given once per day, please note a.m. or p.m.**

Notes (i.e. put in food during meal time/in a treat such as pill pocket/ takes willingly with no additives/use a pill gun):

\_\_\_\_\_

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

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

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

Please Describe: \_\_\_\_\_

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

Administer Information: Amount Given: \_\_\_\_\_

Times per day: \_\_\_\_\_

With food or fasted: \_\_\_\_\_

**\*If medication is given once per day, please note a.m. or p.m.**

Notes (i.e. put in food during meal time/in a treat such as pill pocket/ takes willingly with no additives/use a pill gun):

\_\_\_\_\_

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

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

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

Please Describe: \_\_\_\_\_