



Medication & Supplements Form

Owner Name: _____

Phone Number(s): _____

Pet Name & Description: _____

Medical Issues: _____

Allergies: _____

Medication or Supplement Name:	Dosage	Frequency	Time of Day	Other

Please type & Print out for each pet needing medication and/or supplements. It must be kept up-to-date at all times so your pet sitter can be sure to administer medication properly. Please Provide extra medication, and the original bottle with veterinary instructions if it is a prescribed medication. All medication and supplement information should also be entered into the online system.

I have authorized Happy Paws Cayman to administer the above listed medications and supplements to my pet. I waive Happy Paws Cayman of all liability for injury to my pet that results from administrating medication as described on this form.

Client Name: _____ Client Signature: _____

Client Name: _____ Client Signature: _____

Date: _____

Date: _____