

POWS
Over Santa Barbara
MEDICAL WAIVER

PAWS OVER SANTA BARBARA (Paws), a California General Partnership, and its agents, agrees to administer medication to my pet _____ (pet name). My animal is presently under the care of _____ (name of veterinarian) who has prescribed _____ (medication) for _____ (condition).

I have explained dispensing information and the effects of this medication to Paws and/or its agents as described below.

I acknowledge that services of Paws and its agents will be performed in strict accordance with my instructions contained herein. I hereby waive any claim against Paws and its agents barring negligence in services performed as agreed herein.

Instructions for dispensing medications and other pertinent medical information:

CLIENT SIGNATURE: _____

CLIENT PRINTED NAME: _____

DATE: _____

