

THE VELVET PAWS

PET MEDICATION AUTHORIZATION FORM & LOG

1. CLIENT & PET INFORMATION

Owner Name:		Pet Name:	
Phone Number:		Species / Breed:	
Vet Clinic Name:		Vet Phone Number:	

2. MEDICATION DETAILS *(Must be in original prescription packaging)*

Medication Name:		Dosage (e.g., 5mg, 1 pill):	
Route (Oral, Topical, etc.):		Frequency / Time of Day:	
Storage (Room Temp, Fridge):		Start / End Dates:	

3. SPECIAL HANDLING / INSTRUCTIONS

<i>e.g., Hide pill in cheese, give with meals, food restrictions, or special behavioral notes:</i>

4. ACKNOWLEDGMENT & RELEASE OF LIABILITY

Veterinary Direction: The client certifies that all medications provided are legally prescribed by a licensed veterinarian and agree to remain in their original containers with clear labeling.

Release of Liability: By signing below, the client acknowledges that administering medication carries inherent medical risks. The client agrees that The Velvet Paws and its pet sitters assume no liability for any adverse complications, allergic reactions, or pre-existing conditions that may escalate during the care period.

Refusal Clause: For the protection of both the pet and the care provider, The Velvet Paws reserves the right to suspend or refuse administration if the pet exhibits hazardous or uncooperative aggression.

Emergency Medical Care Authorization: In the event of a medical crisis or severe adverse drug reaction, The Velvet Paws is authorized to secure immediate emergency veterinary intervention at the client's sole financial expense.

Owner Signature: _____ Date: _____

5. MEDICATION ADMINISTRATION LOG (*Sitter Use Only*)

Date	Scheduled Time	Actual Time	Dosage Given	Sitter Initials	Notes / Pet Behavior

This is for informational purposes only. For medical advice or diagnosis, consult a professional. AI responses may include mistakes.