

Medication Waiver & Permission
Darrell's Pet Services/Dogs On Danforth
416-420-3884



Fill in this form ONLY if your pet requires medication to be administered by DPS/DOD

Owner's Name: _____ Type of Pet: _____

Pet's Name, Breed and DOB: _____

All known illnesses and relevant medical history for this pet must be detailed in the DPS Pet Services Information sheet.

Veterinarian Information:

Veterinarian Name: _____

Complete Address: _____

Phone Number: _____

I grant permission to DPS/DOD to administer the following medications per instructions below:

Total number of medications for this pet: _____

1. Medication Information:

Name of Medication (only enter one medication here): _____ Amount Given: _____

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

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

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

Please Describe: _____

Darrell's Pet Services/Dogs On Danforth agrees to administer medication to above pet per the instructions listed above. Darrell's Pet Services/Dogs On Danforth 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.

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date

2. Additional Medication Information:

Name of Medication: _____ Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

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

Please Describe: _____

3. Additional Medication Information:

Name of Medication: _____ Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

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

Please Describe: _____

4. Additional Medication Information:

Name of Medication: _____ Amount Given: _____

Time to Administer: _____ Give meds _____ times for _____ days

Reason for Medication: _____

Known side effects: _____

Instructions for administration: _____

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

Please Describe: _____

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date