



PET CARE SERVICE, LLC

# Medical Waiver

**All Paws N' Claws** Pet Care Service, LLC, agrees to administer medication to my pet, \_\_\_\_\_. My veterinarian, listed below, has prescribed \_\_\_\_\_ for the following reason or condition: \_\_\_\_\_

I have explained the dispensing information and effect of this medication to the All Paws N' Claws representative.

I acknowledge that the service will be performed in accordance with my instructions contained herein. I waive any claim against All Paws N' Claws Pet Care Service, LLC and it's members unless they are found to have been negligent or to have not performed the service as instructed.

The following are the instructions for dispensing medications:

(Please Print) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_