

## Medication Consent Form

### Owner Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Pet Details

Pet Name(s): \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Age: \_\_\_\_\_

### Medication Details

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Route (oral / topical / other): \_\_\_\_\_

Special Instructions:  
\_\_\_\_\_

## Consent

I authorise StayPaws Cat Sitting Service (Jen Harris) to administer the above medication(s) to my pet(s) as per my instructions during my booking.

- I confirm the information I have provided above is accurate and up to date.
- I understand that while every effort will be made to administer medication safely, StayPaws cannot be held liable for any adverse reaction, side effect, or failure of the medication to work.
- In the event of difficulty administering medication, I consent to StayPaws contacting me and/or seeking veterinary assistance if necessary.
- I agree that any veterinary costs incurred remain my responsibility.
- I have read and agree to the StayPaws Terms & Conditions, available on <https://www.staypaws.co.uk/ts-cs>

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_