

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: _____