



MUTT HUTT MEDICATION WAIVER FORM

Pet/Owner's Name: _____ DOB: _____ Male / Female
Breed: _____ Colors/Markings: _____ Spayed / Neutered

Health Record (Must fill out new form after each Vet Visit or when new medications are required)

Date of Last Check-up: _____ Vaccinations: _____
Known illnesses: _____

Veterinarian Information

Veterinarian Name: _____
Complete Address: _____
Phone Number: _____
Permission to use our veterinarian in the event above veterinarian is not available: Yes No

1. Medication Information: Number of medications needed during service contract: _____

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: _____

The Mutt Hutt and staff agree to administer medication to above pet per the instructions listed above. The Mutt Hutt 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. Owner agrees to hold The Mutt Hutt harmless of any claims unless gross negligence has been proven. This agreement will remain valid until a new agreement has been filled out.

I, _____, have entered the above information as truthfully and accurately as possible and give The Mutt Hutt permission to administer listed medications.

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: _____