

West Coast Pets

Professional care when you can't be there

MEDICATION WAIVER

West Coast Pets (the "Company") agrees to administer medication to my pet _____ (name of pet). My animal is presently under the care of _____ (name of veterinarian) who has prescribed _____ (medication) for _____ (condition).

I have explained dispensing information and the effects of this medication to WCP. Below, please find dispensing instructions and emergency information.

I acknowledge that the services will be performed in accordance with my instructions contained herein. I waive any claim against **West Coast Pets** unless the Company is negligent and does not perform as agreed herein.

CLIENT: _____

DATE: _____

Instructions For Dispensing Medications and Emergency Information:
