

**Wagtime  
Medication Waiver  
856-391-WAGS (9247)**

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Pet/Owner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female  
Type of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_ 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: \_\_\_\_\_

Wagtime LLC agree to administer medication to above pet per the instructions listed above. Wagtime LLC 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 Wagtime LLC harmless of any claims unless gross negligence has been proven. This agreement will remain valid until a new agreement has been filled out.

I, \_\_\_\_\_, grant permission to Wagtime LLC to administer medication to my pet(s) as outlined above. I have entered the above information as truthfully and accurately as possible.

\_\_\_\_\_  
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: \_\_\_\_\_