FOUR SEASONS PET SERVICES, LLC

PERMISSION TO ADMINISTER MEDICATIONS RELEASE FORM

My signature below authorizes Four Seasons Pet Services/Pet Sitter to administer medications and/or treatments to my pet as prescribed by my pet's veterinarian. Directions for administering medications and/or treatments have been provided by me in writing on this release form. I understand that my Pet Sitter will be administering this medication and/or treatments in my absence with my complete authorization.

Pet name & description: _____

Rx notes & clear instructions:

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Client Signature:_____ **Date:** _____

Four Seasons Pet Services recommends that a copy of this release form be sent to your veterinarian and added to your pet's file.

Please leave all medications where they can be easily found by Pet Sitter upon arrival. Thank you.

FSPS/Pet Sitter cannot accept responsibility for any complications in administering medications to any animal in our care.