



SMALL ANIMAL MEDICAL WAIVER

Two Dogs & A Goat Incorporated (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 the Small Animal Sitter and the Company. Attached please find dispensing instructions and emergency information.

I acknowledge that the Company services will be performed in accordance with my instructions contained herein. I waive any claim against **Two Dogs & A Goat Incorporated** unless the Company is negligent and does not perform as agreed herein.

Client: _____

Date: _____

Instructions For Dispensing Medication Emergency Information:

Two Dogs & A Goat Incorporated
P.O. Box 398, Prince Street Station, New York, NY 10012
Toll Free Phone: (888) 286-6475 | Toll Free Fax: (888) 492-3452
Email: admin@twodogsandagoat.com
Small Animal Form #6