

No Place Like Home Pet Care service And Boarding

Release Form to Administer Medication

I, _____ give my permission for Deborah Winters or a co-worker of No Place Like Home Pet Care Service and Boarding, to administer any medications that may have been prescribed by our Veterinarian to my pet(s). This may include but may not be limited to, heart-worm medication, flea infestation medication, antibiotics or topical ointments. Deborah Winters or any co-worker of No Place Like Home Pet Care Service and Boarding, is released from any damages that should occur to my pet(s) by this administering of medication.

Signature of Pet Owner _____

Signature of Deborah Winters or Co-Worker

Date _____

