

Montgomery County Pet Sitters

Tel. 301-768-7065

Email: mocopetsitters@gmail.com

Website: mocopetsitters.com

Teresa Chavez, owner

Medication Information

Please complete one form per pet.

Pet Name _____ Age: _____ DOB: _____

Type of animal: _____ Breed: _____ Sex: M F

Medication # 1 name	
Dosage	
Date/times medication must be administered	
How does the pet take the medication?	
Must medication be taken with food?	Yes No
Additional info	

Medication #2 name	
Dosage	
Date/times medication must be administered	
How does the pet take the medication?	
Must medication be taken with food?	Yes No
Additional info	

I have granted Montgomery County Pet Sitters permission to give the specified dose of medication to my pet while I am away.

Pet Owner Signature: _____ Date _____

MCPS Representative Signature: _____ Date _____