



Pet Medication Authorization Form

Owner Information:

- Owner's Name: _____
- Address: _____
- Phone Number: _____
- Email: _____

Pet Information:

- Pet's Name: _____
- Species: _____ (e.g., Rabbit, cat, etc.)
- Breed: _____
- Age: _____
- Weight: _____

Sitter's Information:

- Sitter's Name: _____
- Address: _____
- Phone Number: _____
- Email: _____

Medication Details:

- Medication Name: _____
- Dosage: _____
- Frequency: _____
- Duration of Treatment: _____
- Reason for Medication: _____

Authorization: I, the undersigned, authorize Alexandra Alvarez to administer the specified medication to my pet.

Signature of Owner: _____

Date: _____

