



YARBROUGH'S FINE RETRIEVERS

Medication and Veterinary consent form

I (print name), _____, hereby consent to allow Yarbrough's Fine Retrievers, LLC to administer medications to my dog while in their care. Yarbrough's Fine Retrievers, LLC and staff agree to administer medication per the instructions listed in this consent. Yarbrough's Fine Retrievers, LLC shall not be responsible if pet refuses medication. Yarbrough's Fine Retrievers, LLC shall not be responsible for any reaction pet has to medication. If pet needs emergency vet care, owner agrees to be responsible for all cost incurred including transportation and vet fees. I understand that in the event of a medical emergency that Yarbrough's Fine Retrievers, LLC, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Yarbrough's Fine Retrievers, LLC to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Yarbrough's Fine Retrievers, LLC.

Yarbrough's Fine Retrievers, LLC will properly train any staff member who needs to administer medication to your pet. All medications must come in the original bottle from your Veterinarian. If your pet is aggressive during medication administration, we reserve the right to refuse administering medication to your pet and you will be notified. If your pet requires a pill pocket or any other items to take medication(s), you the owner must provide these items. (Ex. cheese, peanut butter). Yarbrough's Fine Retrievers, LLC will not reuse any insulin needles. All needles will need to be prefilled with necessary dosage amount for each injection. (Used needles will be returned to customer). By signing this form, you or your representatives agree not to hold Yarbrough's Fine Retrievers, LLC responsible for any adverse effects to your pet as a result of medication administering while in the care Yarbrough's Fine Retrievers, LLC.

YFR

251-318-5511

info@yarbroughsfineretrievers.com

Owners Name: _____ Owners contact information:

Medication List

Medication Name	Date	Time given	AM/PM	Used to treat

Veterinarian name and contact information:

Owner agrees to hold Yarbrough's Fine Retrievers, LLC harmless of any claims unless gross negligence has been proven. This Agreement will remain valid until a new agreement has been filled out. By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

Owner Signature

Date

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