



# SPLASHING PAWS, LLC

Veterinary Instruction & Medication Authorization Form  
*REQUIRED — Must be completed by the attending veterinarian*

Date: \_\_\_\_\_

## 1. OWNER INFORMATION

Owner Name

Phone

Email

## 2. PET INFORMATION

Pet Name

Breed

Age

Weight

## 3. VETERINARY INFORMATION

Veterinarian Name

Clinic Name

Phone

## 4. PROCEDURE / CONDITION DETAILS

Diagnosis / Surgery / Injury:

Date of Procedure / Injury

Special Recovery Notes from Veterinarian:

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## 5. MEDICATION AUTHORIZATION

**⚠ IMPORTANT: All medications MUST be provided in original labeled containers from a licensed veterinarian or pharmacy. Medications without proper labeling will NOT be administered.**

The undersigned veterinarian authorizes Splashing Paws, LLC to administer the following medications and treatments in accordance with the instructions below:

<b>Medication Name</b>	<b>Dosage</b>
<hr/>	<hr/>
<b>Frequency</b>	<b>Route (oral, topical, injection, etc.)</b>
<hr/>	<hr/>
<b>Duration</b>	
<hr/>	

**Additional Medications (if applicable):**

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**Special Instructions / Restrictions:**

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## 6. VETERINARY AUTHORIZATION & DIRECTION OF CARE

I, the undersigned licensed veterinarian, confirm that:

- I have examined the above-named animal or am familiar with its current medical condition
- I am prescribing and authorizing the above medications and care instructions
- The care outlined may be carried out by trained, non-veterinary personnel under my direction

I authorize Splashing Paws, LLC to follow these instructions as part of supportive, non-medical care.

## 7. LIMITATION OF RESPONSIBILITY

I acknowledge that:

- Splashing Paws, LLC is not a veterinary medical facility
- They are not responsible for diagnosing, prescribing, or modifying medical treatment
- Their role is limited to carrying out my written instructions and providing supportive care

I understand that any changes in the pet's medical condition may require veterinary reassessment.

Initials:

*Veterinarian initials confirming limitation of responsibility*

## 8. EMERGENCY PROTOCOL AUTHORIZATION

In the event of a medical concern or emergency, I authorize Splashing Paws, LLC to:

- Contact me for further direction
- Contact the pet owner
- Transport the animal to a veterinary clinic or emergency facility if necessary

## 9. INDEMNIFICATION & LIABILITY ACKNOWLEDGMENT

To the fullest extent permitted by law, I acknowledge that Splashing Paws, LLC:

- Is acting under veterinary direction based on the instructions provided herein
- Shall not be held liable for outcomes related to the pet's underlying condition, progression of illness, or unforeseen complications
- Shall not be responsible for adverse reactions to prescribed medications when administered as directed

Initials:

*Veterinarian initials confirming indemnification acknowledgment*

## 10. ARIZONA COMPLIANCE STATEMENT

This authorization is provided in accordance with applicable veterinary and animal care laws of the State of Arizona.

## 11. DO NOT RESUSCITATE (DNR) – VETERINARY ACKNOWLEDGMENT

**The pet owner has indicated the following directive:**

**Full Resuscitation Requested**

**Do Not Resuscitate (DNR)**

**Veterinarian Notes / Recommendations (if any):**

**I acknowledge that:**

- The owner has been informed of the implications of this decision
- This directive is consistent with the pet's medical condition and care plan (if applicable)
- Splashing Paws, LLC may follow this directive while the pet is in their care

Veterinarian Signature

Date

## 12. VETERINARIAN SIGNATURE

Veterinarian Signature

Printed Name

Date

License Number

**13. CLINIC STAMP (IF AVAILABLE)**

*Clinic Stamp Here*