

# Precious Paws Delivery's PRE-EXISTING CONDITION WAIVER AGREEMENT

To be signed only by owners whose pet has a chronic, stable condition that requires **NO** medication during transport.

## Pet Identification Details:

Pet's Name: \_\_\_\_\_

Pet's Species: \_\_\_\_\_

Pet's Breed: \_\_\_\_\_

Pet's Sex: \_\_\_\_\_

Pet's Age: \_\_\_\_\_

Pet's Color: \_\_\_\_\_

Microchip ID: \_\_\_\_\_

Veterinarian name and Contact: \_\_\_\_\_

## Pet's Chronic, Stable Condition (No Medication Needed):

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This document confirms that the pet identified above is traveling with a known, stable medical condition that does **not** require intervention, monitoring, or medication administration during the transport period.

**I, the undersigned owner, understand and agree to the following terms:**

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### 1. Owner Acknowledgment & Vet Clearance

- **I, the owner, certify** that the pet's condition is **stable** and **does not** require constant, specialized medical attention.
- **I, the owner, confirm** that this pet requires **NO** oral medication, liquids, injections, or special medical procedures to be administered by PRECIOUS PAWS DELIVERY personnel during the scheduled trip.

- **I, the owner, certify** that I acknowledge that PRECIOUS PAWS DELIVERY personnel are not veterinarians or healthcare givers; they are professional transporters only.
- **I, the owner, have provided** the required **veterinary clearance** specifically approving this pet for travel from \_\_\_\_\_ to \_\_\_\_\_.

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## 2. Assumption of Risk & Financial Responsibility

I acknowledge and accept that traveling may cause stress or complications related to my pet's pre-existing condition (listed above).

**I, the owner, agree** to fully and permanently hold harmless and release PRECIOUS PAWS DELIVERY and its insurer (TRAVELERS) from any and all liability, claims, losses, or costs arising directly or indirectly from:

- Any worsening of the pet's specific pre-existing condition during or after transport.
- Any injury, illness, or death directly caused by this pre-existing condition.
- **I, the owner, agree to pay for ALL veterinary expenses, costs, and fees resulting from any medical issue or emergency during the transport period.**

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## 3. Owner Responsibility

**I, the owner, understand** that **PRECIOUS PAWS DELIVERY's** only responsibility is the safe transport of my pet. **I, the owner, will not** hold them responsible for the ultimate outcome related to this disclosed condition.

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**Owner's Printed Name:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_

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

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