PET PARTNER – QUEZON CITY
Unit E, Groundfloor, The Rock Lifestyle Hub, Holy Spirit Drive, Q.C.
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BLOOD TEST, VACCINATION & HEALTH SCREENING WAIVER FORM

Parent's Information
Full Name: _____
Contact Number: _____
Email: _____
Complete Address: _____
_____

Pet's Information
Name:_____Age: _____
Species: _____Gender: _____
Breed & Markings:_____
_____
_____

ABSENCE OF BLOOD TEST, VACCINATION & HEALTH SCREENING TESTS

- I am the **authorized guardian/parent of the pet**, and I am giving the authority for the surgery/treatment.
- I am **aware of the possible risks** and **complications** of my pet undergoing surgery/treatment without blood test / complete vaccination / health screening tests.
- **I will not hold anyone liable** to any unexpected event that may happen during and after the procedure or the response to the medication **due to the lack** of blood test / complete vaccination / health screening tests.
- I am aware that without blood tests and screening tests, proper diagnosis and treatment cannot be assured but I still insist for my pet to undergo the treatment/surgery.
- It is my personal and informed-decision to not have my pet undergo blood tests and other screening tests prior to treatment/surgery.

Parent's Name/Authorize Personnel
(Signature Over Printed Name)

Date Signed