



# PET PARTNER PHILIPPINES, INC.

Address: 54 Don Antonio Street, Holy Spirit Drive Quezon City  
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## GUIDELINES: BEFORE AND AFTER VETERINARY SERVICES (Community 'Kapon' Event)

These guidelines are provided to ensure proper preparation, safe conduct of procedures, and optimal recovery. By proceeding with the service, the client acknowledges and agrees to all conditions stated herein.

### I. NEUTERING SERVICES

#### A. PRE-SURGERY GUIDELINES (BEFORE)

1. Only pets deemed **apparently healthy** and within the age range of four (4) months to five (5) years, and not currently under medication, shall be accepted for surgery without prior blood testing. The veterinary team reserves the right to refuse or postpone any procedure based on clinical judgment.
2. Female dogs aged four (4) years and above are **required to present a normal blood test result** conducted at least one (1) day prior to the procedure. Failure to comply may result in cancellation or postponement.
3. The client agrees to comply with **pre-surgical fasting requirements** of approximately five (5) to twelve (12) hours, with an ideal fasting period of eight (8) hours. This allowance accounts for possible adjustments in arrival time. Failure to follow fasting instructions may increase anesthetic risk and may lead to cancellation of the procedure.
4. **Private Home Service Setup:**

The client is responsible for providing a stable, clean, and appropriately sized working area, including a table (minimum 3 feet in width and height), chair, and adequate lighting and ventilation. The area shall serve as the surgical space. Recovery bedding must also be prepared in advance.

5. **Private Mass Neuter Event Setup:**

While basic equipment may be provided by the organizer, the client remains solely responsible for securing their pet at all times. Pets must be placed in secure cages or on durable leashes. Aggressive or unmanageable animals may be refused service at the sole discretion of the veterinary team. Necessary supplies (e.g., absorbent materials) must be prepared by the client.



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6. For lactating animals, the client acknowledges that **nursing must be withheld for at least twenty-four (24) hours post-surgery**, and appropriate alternative feeding must be provided.

7. **Spay-Abort Authorization:**

The client authorizes the veterinary team to proceed with a spay-abort procedure in the event pregnancy is identified intra-operatively, recognizing that this constitutes a medically indicated and time-sensitive intervention.

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## B. POST-SURGERY GUIDELINES (AFTER)

1. The client is responsible for providing and properly using **protective devices** (e.g., Elizabethan collar or recovery suit) to prevent wound interference once the pet regains sufficient mobility.
2. Recovery from anesthesia may range from one (1) to twelve (12) hours. The client assumes full responsibility for **continuous monitoring** during this period. The pet must be placed in a secure, well-ventilated, and controlled environment. Handling must be minimized to avoid injury.
3. In mass event settings, the client acknowledges and accepts a **waiting period of approximately three (3) to eight (8) hours**. Release of the pet shall be strictly subject to veterinary clearance.
4. The client agrees to monitor for any **abnormal signs**, including irregular breathing, delayed recovery, or unusual behavior, and to report such findings immediately.
5. All prescribed medications must be administered strictly in accordance with veterinary instructions. The client assumes full responsibility for compliance.
6. Bathing or exposure to water is strictly prohibited for **one (1) to two (2) weeks** post-surgery or until fully healed.
7. Use of protective devices is required for a **minimum of five (5) to seven (7) days**, or longer if necessary.
8. Temporary post-operative changes such as decreased appetite, lethargy, or mild discomfort may occur within the first three (3) days. Persistent or worsening conditions must be reported immediately.



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9. For male dogs, temporary swelling at the surgical site may occur and typically resolves within five (5) to seven (7) days. The client must prevent any interference with the wound.

## 10. Wound Complications:

The client acknowledges that premature wound opening may occur due to non-compliance or pet behavior. Immediate reporting is required. Management options, including secondary healing, shall be determined solely by the veterinary team. Additional healing time and stricter monitoring may be required.

11. Any unusual medical or behavioral condition observed after the procedure must be reported immediately, with supporting documentation (e.g., photos/videos) if requested.

## SPECIAL NOTE: DELAYS AND SERVICE ADJUSTMENTS

The client acknowledges that delays in arrival or service delivery may occur due to factors beyond the control of the veterinary team, including but not limited to traffic conditions, logistical challenges, or vehicle issues.

By proceeding, the client agrees to the following:

1. To exercise reasonable understanding of such circumstances;
2. To comply with the recommended fasting duration to accommodate timing adjustments;
3. To promptly notify the team if unable to proceed due to delay.

Refunds shall only be considered in cases where the service cannot be rendered due to such delays, subject to evaluation.

## GENERAL CONDITIONS AND LIMITATION OF LIABILITY

By availing of the service, the client acknowledges that

- Veterinary procedures involve **inherent risks**, including complications, adverse reactions, or death, even when all reasonable precautions are taken;
- Outcomes may vary based on the pet's condition, environment, and compliance with instructions;
- The client assumes full responsibility for preparation, post-operative care, and monitoring;



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- The veterinary team reserves the right to refuse, postpone, or discontinue services based on professional judgment and safety considerations;
- The veterinary team shall **not be held liable for any adverse outcomes** resulting from non-compliance, environmental limitations, delayed response, or factors beyond reasonable control, except in cases of proven gross negligence or willful misconduct.

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**Parent's Name/Authorized Personnel**

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**Date Signed**