**PET PARTNER – QUEZON CITY**
Unit E, Groundfloor, The Rock Lifestyle Hub, Holy Spirit Drive, Q.C.
Email: petpartner.qc@gmail.com
Contact: (02) 8962-4281 / +639-626-879-156

# HOSPITALIZATION-TREATMENT-SURGERY CONSENT

**KNOW ALL MEN BY THESE PRESENT:**

That I (Full Name)_____ at citizen, of legal age, single/married residence at _____with a contact number _____hereby state:

That I am the legal owner/guardian and the person lawful custody of a domestic animal, I hereby authorize you to administer treatment and/or perform surgery on my pet as described below.

Name: _____ Sex: _____
Species:_____ Age: _____
Breed: _____ Color/Markings:_____

**Surgical/Treatment Procedure**: _____

And I warrant that I have full power of disposition and to contact in regard to the said animal

That as an owner of the above description animal, hereby agrees that the animal hospitalized in **Pet Partner - QC located at Unit E, Groundfloor, The Rock Lifestyle Hub, Holy Spirit Drive, Q.C** shall not be responsible for the following terms and condition:

a) for any loss of or injury to the animal caused by diseases, running away, fire, theft, as well as injury to persons and/or other animals; damage to property, or for any other losses or injuries caused by the said animal;

b) for the animal's affliction with ticks, external parasites, or any other diseases, including but not limited to viral and bacterial infections, pneumonia, rhinotracheitis, protozoa, and dog tick fever, while undergoing hospitalization;

c) the veterinarian shall not be held responsible under any circumstances for the death of the animal in case it fails to respond to the treatment. Furthermore, they shall not be liable for any loss or damage that may occur to the animal due to any side reactions during the treatment;

d) if the animal dies, I will promptly retrieve the deceased animal within 24 hours. Failure to retrieve it will result in automatic burial by the management;

e) in the event that I have failed to settle the charges for boarding, medicine, or veterinary services within thirty (30) days after they are due, I acknowledge that the animal shall serve as security for the payment of the aforementioned indebtedness;

d) I agree to notify the clinic at least twenty-four (24) hours before I intend to reclaim the animal; )all notices and communications to be sent pursuant to this agreement shall be directed to the address of the owner as provided herein. Any notice sent to this address shall be conclusively presumed to have been received by the owner;

h) I agree to visit or inquire about my pet at least once every day while it is confined in the clinic.

**IN WITNESS WHEREOF**, I have hereunto signed my name and provided my address above, this _____ _____ of _____, _____, in Quezon City, Metro Manila

**Date Admitted:** _____ _

Signature Over Printed Name of **Owner/Guardian**_____

Signature Over Printed Name of **Attending Veterinarian**_____