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

SPAY / NEUTER CONSENT FORM

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 perform surgery on my pet as described below.

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

Surgical/Treatment Procedure: _____

Other services (please check):

	Rabies Vaccine		Complete Blood Test		Nail Cutting
	Other Vaccine		Blood Chemistry		Ear Cleaning
	Earnotch (FREE)		CBC and Blood Chemistry		Others _____

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 will undergo spay/neuter at **Pet Partner - QC located at Unit E, Groundfloor, The Rock Lifestyle Hub, Holy Spirit Drive, Q.C** and the above-mentioned clinic 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 surgery

c) the veterinarian shall not be held responsible under any circumstances for the death of the animal in case it collapsed during surgery given all necessary emergency protocol is made. Furthermore, they shall not be liable for any loss or damage that may occur to the animal due to any side reactions of anesthesia and injectable medicine;

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)if the animal dies due to lack of blood test and screening tests due to my refusal;

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

g) 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;

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**_____

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