VETERINARY HOME SERVICES

Address: Unit E, Groundfloor, The Rock Lifestyle Hub, Holy Spirit Drive, Q.C.
(02) 89624281 / +639-55-430-9969 / docgabhomeserviceveterinarian@gmail.com

BLOOD TEST, VACCINATION & HEALTH SCREENING WAIVER FORM

Parent's Information
Name:
Contact Number:
Email Add.:
Address:

Pet's Information
Name:
Gender:
Age:
Color/Markings:
Breed:

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.
- I am **aware of the possible risks** and **complications** of my pet undergoing surgery 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 **due to the lack** of blood test / complete vaccination / health screening tests.
- If my pet has an **underlying problem** that will show up after the surgery and will affect the recovery process, I will shoulder all the expenses related to this.
- **I fully understand all the forms** related to home service spay/neuter and I am made fully aware of the risks and management needed.

Parent's Name/Authorize Personnel _____ **Date Signed**