**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

# PATIENT WELLNESS SERVICES RECORD

Owner (Full name) : _____ Pet's Name: _____Age: _____
Contact Number: _____Species: _____Sex: _____
Date of Birth: _____Breed/Markings: _____
Complete Address: _____
_____

This is to certify that I have agreed that my animal shall be dewormed or vaccinated against animal disease/s , that it was thoroughly explained to me by attending veterinarian and whatever complication that would rise beyond the control of the attending veterinarian, I will not hold it against him/her and Pet Partner – Quezon City.

Date Signature Over Printed Name

| **Vaccination Schedule** | | | **Deworming Schedule** | | | **Heartworm Prevention** | | | | **Follow-Up** |
|---|---|---|---|---|---|---|---|---|---|---|
| Date | Temp. | Brand | Date | Wt.(kg) | Brand | Date | Temp. | Wt.(kg) | Brand | |
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| **Boosters** | | | | | | **Anti- Tick and Flea** | | | | |
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**NOTES:**

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