



PET PARTNER PHILIPPINES, INC.

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GENERAL WAIVER AND AGREEMENT FORM (Community 'Kapon' Event)

Parent's Information

Name:
Contact Number:
Email Add.:
Address:

Pet's Information

Name:
Age/Gender:
Color/Markings:
Breed:
Surgery History/Date:

I am the **parent / authorized guardian** of the animal stated in the form. I have **read, understand and agreed to all the forms** listed below:

- 1) Form 1: Authorization/Waiver for Veterinary Services
- 2) Form 2: Blood Test, Vaccination and Screening Waiver Form
- 3) Form 3: General Guidelines on Wellness Services
- 4) Form 4: Surgery Risk, Safety and Awareness Form
- 5) Form 5: Comprehensive Surgery Guidelines
- 6) Form 6: All About Low-Cost Kapon Event
- 7) Form 8: Survey and Feedback Form

I read and understand all the statements and forms above related to the process and procedure of the events and services. As the parent / authorized guardian of the animal, I am taking full responsibility and will not hold anyone liable for any unexpected incident that may happen which can't be under the control of anyone. I also agree to not post on any social media any derogatory statement to anyone most specially to the team for whatever possible outcome of the service requested. I am made aware of the legal consequences by not following the agreement in this form.

Parent's Name/Authorized Personnel

Date Signed