PET PARTNER – QUEZON CITY
Unit E, Ground floor, The Rock Lifestyle Hub, Holy Spirit Drive, Q.C.

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AUTHORIZATION FOR TREATMENT

This is to authorize **Pet Partner – Quezon City** to carry out this discretion, the necessary medical procedure in such a manner that the veterinarian uses the best treatment for my animal such as laboratory diagnosis and administration of anesthetic when necessary.

Being aware of the control of any animal, whatever complication that may occur and after reasonable diligence have been taken such complications is beyond the control of the attending veterinarian. I shall not hold any blame to him or her or the Pet Partner – Quezon City

I fully understand that my animal shall be released from the clinic, ONLY after charges for medicines and veterinary services have been FULLY PAID, If the animal that I confined for the treatment did not survive; such obligation to pay for the medicines and veterinary services shall not cease.

In case I have failed to pay the charges for boarding, medicines, and veterinary services within thirty (30) days after its due, the animal shall serve as security for the payment of the said indebtedness including charges up to the animal is picked up or reclaimed.

This authorization shall include the right to dispose in a manner appropriate or to keep the said animal following the lapse of 36 hours due to the possibility of informing the owner of the animal treated such as no case of telephone or non-daily inquiry on my part regarding the condition of my animal.

OWNER (Full name): _____

CONTACT: _____

COMPLETE ADDRESS:_____

PET'S NAME: _____ **SPECIES:**_____ **BREED:**_____ **AGE:**_____**SEX:**_____

DIET: _____**DATE OF BIRTH**:_____**COLORS/MARKS**:_____

DATE _____ **SIGNATURE OVER PRINTED NAME** _____

DATE	LABORATORY TESTS	RESULT	REMARK

I. HISTORY

Chief Complaint:_____

Anamnesis:_____

Medical Given prior to Checku:_____

Allergy:_____

II. PHYSICAL EXAMINATION

Weight (kg): _____ **Initial Temperature**:_____**Final Temperature:** _____

General Appearance_____

Tentative Diagnosis:_____

Diagnosis: _____

Prognosis: _____

Recommendation: