



## 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

### VETERINARY SERVICE AUTORIZATION / WAIVER FORM

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#### Parent's Information

Name:  
Contact Number:  
Email Add.:  
Address:

#### Pet's Information

Name:  
Gender:  
Age:  
Color/Markings:  
Breed:

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- I am the **parent / authorized guardian** of the animal stated in the form.
- I have also **read all the forms** (Forms 2, 3, 4 and 5) attached to this and fully understand its content.
- I am **aware of the fees** related to the surgery.
- I am **aware of the surgical procedure including the risks**, possible complications, care during and after the procedure.
- If there will be complications before, during and after the surgery that is beyond the control of everyone, **I will not hold anyone liable**.
- I fully understand that since the surgery will be done in a home set-up, **risk could be higher than in the clinic** since no sophisticated equipment is available in case of any emergency related to the surgery, but **I still agree that my pet will undergo surgery**.
- I **can take care of the animal after the surgery** until its full recovery including the wearing of cone/recovery suit.
- I am aware that taking photo or video of the procedure is **not allowed**.

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Parent's Name/Authorize Personnel

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Date Signed