



PET PARTNER PHILIPPINES, INC.

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VETERINARY SERVICE AUTHORIZATION / WAIVER 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 all the forms** (Forms 1-11) attached to this document and fully understand its content.
- I am **willing to wait for hours** until my pet can be taken home after the approval of the veterinarian.
- 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 an outside clinic set-up, **thus risk could be higher** than in the traditional clinic, **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 and giving medication if necessary.
- In case of **wound opening** due to my pet's behavior or accident, I'll update the team as soon as possible and if needed, I will bring my pet to a nearest veterinary clinic.
- I am aware that **taking photo or video of the procedure is not allowed**.
- I will be **responsible of my own belongings** and will not blame anyone for any loss of my belongings while at the low-cost kapon event.
- I **understand that delays are possible** due to the nature of their work and **I will not resort to social media posting** for any inconvenience that I was made aware of.

Parent's Name/Authorized Personnel

Date Signed