GAPAN PAWS PET STATION

1st Flr., KSNR Building, J. Malgapo St., San Vicente, Gapan City, Nueva Ecija, 31105
Contact Number: +639-777-396-829
Email: gapanpawspetstation@gmail.com

AUTHORIZATION FOR TREATMENT

This is to authorize Gapan Paws Station Veterinary Clinic 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 Paws Pet Station.

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 following the lapse of 36 hours death 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 NUMBER**: _____
OWNER'S ADDRESS:_____
PET'S NAME: _____ **SPECIES:**_____ **BREED**:_____ **AGE:**_____
SEX:_____ **DIET:** _____**DATE OF BIRTH**: _____ **COLORS/MARKS**:_____

_____ _____
DATE **SIGNATURE OVER PRINTED NAME**

DATE	LABORATORY TESTS	RESULT	REMARK

HISTORY:
Chief Complaint: _____
_____
Anamnesis:_____
Medical Given prior to Checkup: _____ Allergy: _____

PHYSICAL EXAMINATION:
Weight(kg): _____ Initial Temperature: _____ Final Temperature: _____
General Appearance: _____
Tentative Diagnosis:_____ Diagnosis: _____ Prognosis: _____
Recommendation: _____
Note (s): _____
_____

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PET'S NAME: ____________________________SPECIES:________________BREED:____________AGE:______SEX:_________
DIET: _____________________DATE OF BIRTH:_____________________ COLORS/MARKS:________________________________
OWNER (Full name): ___________________________________CONTACT NUMBER: ______________________________________

DATE	TEMP	WEIGHT	MEDICATION	DOSAGE	DOSE	ROUT	REMARKS

Date:____________________

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GROOMING CONSENT AND AGREEMENT FORM

Note: (Pls, read carefully our grooming consent/agreement before signing, if not fully signed and read by the owner grooming procedure will not proceed).

BEFORE GROOMING:

I_____ Signature:_____ have agreed and fully understood/read the grooming consent/agreement without any prejudice before the groomer perform the grooming procedure in my Pet.

Name of Pet: _____
No. of Pet/s : _____
Grooming procedure: _____
Price: _____
Owners Address: _____
Owners contact #: _____
Attending Groomer: (Name and Signature): _____

AFTER GROOMING: Kindly, *carefully read and sign in after grooming* before we release your pet after the grooming procedure.

I have received my pet in a safe, and good, healthy condition, without any complain from the groomer, and have been checked and inspected by the groomer and secretary/veterinarian before I and my pet/s will leave Gapan Paws Pet Station Veterinary Clinic.

_____
Owners Signature:

_____
Secretary/Veterinarian (for checking and inspection):

_____
Attending Groomer:

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HOSPITALIZATION-TREATMENT-SURGERY-CONSENT

KNOW ALL MEN BY THESE PRESENT:

That I _____ at citizen, of legal age, single/married residence at _____with a contact number _____
Hereby state: That I am the legal owner/guardian and the person lawful custody of a domestic animal, I hereby authorize you to administer treatment and/or perform surgery on my pet as described below.

Name: _____ Sex: _____
Species:_____ Age : _____
Breed: _____ Color/Markings:_____

Surgical Procedure: _____

And I warrant that I have full power of disposition and to contact in regards to the said animal. That as an owner of the above description animal, hereby agrees that the animal hospitalized in Gapan Paws Pet Station located at San Vicente, Gapan City, Nueva Ecija shall not be responsible for the following terms and condition:

a) for any loss of or injury to the animal caused by diseases, running away, fire, theft, as well as injury to persons and/or other animals; damage to property, or for any other losses or injuries caused by the said animal;

b) for the animal's affliction with ticks, external parasites, or any other diseases, including but not limited to viral and bacterial infections, pneumonia, rhinotracheitis, protozoa, and dog tick fever, while undergoing hospitalization;

c) the veterinarian shall not be held responsible under any circumstances for the death of the animal in case it fails to respond to the treatment. Furthermore, they shall not be liable for any loss or damage that may occur to the animal due to any side reactions during the treatment;

d) if the animal dies, I will promptly retrieve the deceased animal within 24 hours. Failure to retrieve it will result in automatic burial by the management;

e) in the event that I have failed to settle the charges for boarding, medicine, or veterinary services within thirty (30) days after they are due, I acknowledge that the animal shall serve as security for the payment of the aforementioned indebtedness;

d) I agree to notify the clinic at least twenty-four (24) hours before I intend to reclaim the animal; all notices and communications to be sent pursuant to this agreement shall be directed to the address of the owner as provided herein. Any notice sent to this address shall be conclusively presumed to have been received by the owner;

h) I agree to visit or inquire about my pet at least once every day while it is confined in the clinic.

IN WITNESS WHEREOF, I have hereunto signed my name and provided my address above, this (day)
Date Admitted: _____ , in Gapan City, Nueva Ecija.

_____ _____
Signature Over Printed Name of Guardian/Owner **Signature Over Printed Name of Attending Veterinarian**

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VACCINATION AND DEWORMING RECORD

Owner (Full name): _____ **Pet's Name** _____
Contact Number: _____ **Species**: _____
Address: _____ **Breed:** _____
Date of Birth:
_____
Sex: _____

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 Gapan Paws Pet Station Veterinary Clinic.

_____ _____
Date **Signature Over Printed Name**

Vaccination Schedule			**Deworming Schedule**			**Heartworm Prevention**			
Date	Temp.	Brand	Date	Wt.(kg)	Brand	Date	Temp.	Wt.(kg)	Brand
Boosters Schedule						**Anti Tick & Flea Treatment**			
Date		Brand				Date	Wt.(kg)		Brand

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PATIENT WAIVER OF LIABILITY AND/OR REFUSAL OF DIAGNOSTIC TEST/TREATMENT (AMA FORM)

Owner (Full name): _____ Pet's Name: _____
Contact Number:_____ Species: _____
Address: _____ Breed: _____
Owner's Date of Birth: _____ Sex: _____

I _____ parent/authorized guardian of _____ have been informed regarding the state of my pet's present health condition and the possible diagnosis and treatment, and I hereby refuse to have my pet undergo _____ as recommended by the attending veterinarian of the clinic.

I am made aware of the consequences of this action and hereby declare that all veterinarian and clinic staff be free from conceivable liability that might arise from this refusal of diagnosis/treatment. I have been informed that a refusal of diagnosis/treatment may cause my pet to suffer pain, disability, loss of function, worsening of condition, or even death because of my pet's illness/injury. As the parent/authorized guardian of the pet mentioned above, I fully understand all the above, and can determine a rational decision.

Name and Signature of Pet Parent/Authorized Guardian: _____

Date and Time: _____

Attending Veterinarian / Staff: _____

Witness Name and Signature: _____