



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

BLOOD TEST, VACCINATION & HEALTH SCREENING WAIVER FORM

Parent's Information

Name:
Contact Number:
Email Add.:
Address:

Pet's Information

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

ABSENCE OF BLOOD TEST, VACCINATION & HEALTH SCREENING TESTS

- I hereby affirm that I am the lawful owner or authorized guardian of the pet and voluntarily give full consent for the performance of the requested procedure.
- I acknowledge that recommended diagnostic and preventive measures, including but not limited to **pre-surgical blood tests, complete vaccination, and other health screening tests**, have either been declined, are incomplete, or are not available at the time of the procedure.
- I fully understand that proceeding without these recommended measures **significantly increases the risk** of undetected underlying conditions, anesthetic complications, infection, delayed recovery, or death.
- I voluntarily assume **all risks and consequences** associated with the absence of such diagnostics and preventive care, both during and after the procedure.
- I agree that the veterinary team, including its veterinarians, staff, organizers, and affiliated entities, **shall not be held liable** for any adverse outcome, complication, or incident that may arise which could have been prevented, detected, or mitigated through proper testing, vaccination, or screening, except in cases of proven gross negligence or willful misconduct.



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- I further acknowledge that if any underlying condition manifests during or after the procedure, I shall be **solely responsible for all additional diagnostics, treatments, medications, and related expenses**, whether performed by the same veterinary team or another facility.
- I confirm that I have read, fully understood, and voluntarily agreed to all related consent forms, guidelines, and risk disclosures pertaining to home service or community-based spay/neuter procedures, including the limitations inherent in such settings.

Parent's Name/Authorize Personnel

Date Signed