
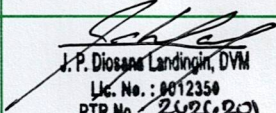


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Pet's Name

Vaccinations

Date	Wt Kg)	Against	Manufacturer	Lot. No	Veterinarian Signature over printed Name Lic. No./Exp. Date PTR / TIN
18 AUG 2025			 Nobivac DHPPi BATCH: A795B01 EXP: 06-2026		 J. P. Diosana Landangin, DVM Lic. No.: 0012350 PTR No.: 2020201
08 SEP 2025			DHPPi (2)		

DHL - Distemper-Hepatitis-Leptospirosis
L - Leptospirosis
P - ParainfluenzaFDV-CVR
CV/KV/CCV - Canine Corona Virus

CPV - Canine Parvovirus
FDV - Feline Distemper
FDV - Feline Distemper-Calici
 Virus Rhinotracheitis

PET DOCTORS VETERINARY CLINIC
Diversion Road, San Miguel, Calasiao, Pangasinan

OWNER'S INFORMATION

Owner's Name: Augustine Fleur T. Cenense
Full Address: Minden West Sta Barbara
Contact number: 09485963255
Email Address: _____

PET'S INFORMATION

Pet's Name: Deia
Birth Date: June 14 2024
Gender: ☐ Male ☒ Female
Breed: Sweet SD
Species: _____
Color/Markings: _____

By signing below, I affirm that:

I understand that the vaccination of my pet will substantially reduce but may not completely eliminate my pet's chances of contracting the diseases vaccinated against.

I understand that my pet may develop anorexia, lethargy, fever and soreness within a few hours following vaccination and can last up to 24 hours. I understand that these adverse effects are usually minor and will usually resolve without the need for additional veterinary care.

I understand that should my pet develop any severe or unanticipated reaction to the vaccination, such as urticaria (hives) and pruritis (itching) of the face and ears or respiratory distress, which may occur within minutes, or even seconds, I should contact Pet Doctors Veterinary Supplies and Services for instructions or bring my pet back in the clinic immediately.

I understand that vaccinations in dogs may trigger autoimmune disease.

I have been provided with information material concerning vaccines and/or deworming that are intended to protect against disease incidence, vaccination and deworming recommendations and adverse reactions.

I have read and understand the above information. I consent to having my dog _____ be vaccinated and/or dewormed as directed by the veterinarian. I understand the inherent risk of vaccinations and/or deworming, and its adverse reaction is beyond the control of the attending veterinarian, I shall not hold blame to him or her or to the Pet Doctors Veterinary Supplies and Services staffs. I understand that any complications following vaccination and/or deworming should be reported immediately and any treatment required will incur additional expense.

Signature Augustine Date _____

Please notify us immediately if your pet has any vomiting, facial or limb swelling, hives, labored breathing, a lump at the injection site, or any other symptoms within 24 hours of vaccination.