

PETDOCTORS ANIMAL CLINIC
Barracks Highway, Bonuan Boquig, Dagupan City
0927-7289-323

Date: 11/22/2025

OWNER'S INFORMATION

Name: CARLOS BLANCAFLOR
Full Address: DOR
Contact Number: 9178976454
Email Address: _____

ANIMAL INFORMATION:

Pet's Name: BOSTON Sex: ☒ Male ☐ Female
Date of Birth: MAY 23, 2024
Species: _____ Breed: LABRADOR
Color/ Markings: _____

AUTHORIZATION FOR TREATMENT

This is to authorize PETDOCTORS ANIMAL CLINIC to carry out this discretion the necessary medical procedure and treatment in such manner that the attending veterinarian sees the best treatment of my animal such as laboratory diagnosis and administration of anesthetics, when necessary.

Being aware of the control of my animal, whatever complications that may occur, and after reasonable diligence have been taken in the course of its treatment, such complications is beyond the control of the attending veterinarian, I shall not hold blame to him or her or to the PETDOCTORS ANIMAL CLINIC staffs.

It is fully understood that any animal shall be released from the clinic only after charges for medicines and veterinary services have been fully paid. In the event the animal confined for treatment did not survived, such obligations to pay for the medicines and veterinary services shall not cease.

If I am unable to claim or pick-up my pet within 5 days with notice that my animal is ready for release, PETDOCTORS ANIMAL CLINIC can assume that my animal is abandoned and authorize the clinic to own my pet, unless the previous and on-going bills are settled.

This shall include my responsibility to claim the body of my animal 36 hours post-death in the unfortunate event of its demise.

SIGNED: C. Blancaflor
FULL NAME AND SIGNATURE

DATE OF ADMISSION: _____