

PET DOCTORS VETERINARY SUPPLIES AND SERVICES
Diversion Road, Brgy. San Miguel Calasiao, Pangasinan
0917-1533-903

Date: _____

OWNER'S INFORMATION

Name: Irvin Dale V. Fronda
Full Address: Talaga, Sta Barbara
Contact Number: 090942376702
Email Address: _____

ANIMAL INFORMATION:

Pet's Name: Kitty Kat Sex: ☒ Male ☐ Female
Date of Birth: _____
Species: _____ Breed: _____
Color/ Markings: _____

AUTHORIZATION FOR TREATMENT

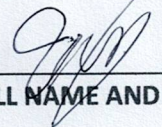
This is to authorize PET DOCTORS VETERINARY SUPPLIES AND SERVICES to carry out this discretion the necessary medical procedure and treatment in such manner that the attending veterinarian sees the best treatment of my animal such as laboratory diagnosis and administration of anesthetics, when necessary.

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 PET DOCTORS VETERINARY SUPPLIES AND SERVICES 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, PET DOCTORS VETERINARY SUPPLIES AND SERVICES 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: 
FULL NAME AND SIGNATURE

DATE OF ADMISSION: _____