

PET DOCTORS VETERINARY CLINIC AND GROOMING CENTER  
DIVERSION ROAD, BRGY. SAN MIGUEL, CALASIAO PANGASINAN

AUTHORITY FOR SEDATION AND ANESTHESIA

PATIENT INFORMATION:

Date: 05/23/2020

Pet's Name: Cassie  
Species: Shih-tzu  
Breed: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Color: \_\_\_\_\_  
PROCEDURE: CS

**Anesthetic/Surgical Risks:** These may include hemorrhage, hypothermia, decreased heart rate or respiratory rate, death, post-operation complications (surgical site breakdown, secondary infections, constrictions/stricture etc.)

I have been advised of the risks and possible complications of my pet's procedure and that results and/or expected outcome cannot be guaranteed.

I understand that payment is done at the time of service and that I am fully financially responsible for any and all services rendered.

I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarians.

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. I understand that there are complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is risk of death, complications, or side effect (which can present themselves well after the procedure) every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Pet Doctors Veterinary Supplies and Services, the veterinarians, or any staff member liable for any complications that may arise.

I affix my signature below to confirm my willingness of subjecting my animal to sedation/anesthesia/surgery.

  
JEANETTE E. ELM  
(Signature Above Printed Name)  
OWNER

\_\_\_\_\_  
(Signature Above Printed Name)  
VETERINARIAN

PET DOCTORS VETERINARY SUPPLIES AND SERVICES  
Diversion Road, San Miguel, Calasiao, Pangasinan

REFUSAL OF SERVICES FORM

DATE: 23 MAY 2026

**PATIENT'S INFORMATION:**

Name: CASSI

Specie: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender: \_\_\_\_\_

Markings/ Color: \_\_\_\_\_

\_\_\_\_\_ I wish to discharge my pet against the attending veterinarian/s advice.

\_\_\_\_\_ I refuse laboratory tests: \_\_\_\_\_

\_\_\_\_\_ I refuse treatment/ medications: \_\_\_\_\_

\_\_\_\_\_ I refuse deworming/ vaccination protocol/s. \_\_\_\_\_

I refuse confinement.

\_\_\_\_\_ I refuse other services.

I, \_\_\_\_\_ owner of the patient described above, understand that this is against the advice of the veterinarian in charge on his/ her deputy. I have been informed of all the possible consequences and risks of my choice.

I, take all responsibility of my choice to terminate services. I, hereby release PET DOCTORS VETERINARY SUPPLIES AND SERVICES and its staff of all responsibility for what may occur immediately or in the long term resulting of my choice.

Signed: RIZALYN M. MANDAYAT  
Full Name and Signature

Date: 23 MAY 2026

I, fully confirm that I have explained to the owner/s the danger that might arise from his/ her decision to discharge his/her pet against veterinary advice, or refuse the above remedies.

Veterinarian/s: Micaela Bernadette A. Rabin, DVM  
LE 3 9894  
Pr#

Date: 23 MAY 2026