

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

**OWNER'S INFORMATION**

Owner's Name: Wynard Baldezi  
Full Address: Buntag Calasiao  
Contact number: 0948-1138948  
Email Address: \_\_\_\_\_

**PET'S INFORMATION**

Pet's Name: Mokang's puppy  
Birth Date: 4-20-2026  
Gender:  Male  Female  
Breed: shih tzu  
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 \_\_\_\_\_ 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.*