

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

Date: \_\_\_\_\_

**OWNER'S INFORMATION**

Name: GERAULDINE JOY G. DELA CRUZ  
Full Address: S/R CENTRE NAISIAN JUDGE JOSE DE VENEZIA  
Contact Number: 09260749389  
Email Address: geraldinejoydelacruz@gmail.com

**ANIMAL INFORMATION:**

Pet's Name: ASTA Sex:  Male  Female  
Date of Birth: 2012  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color/ Markings: TUXEDO CAT

**AUTHORIZATION FOR TREATMENT**

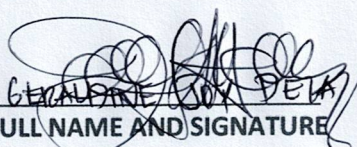
This is to authorize PET DOCTORS VETERINARY SUPPLIES AND SERVICES to carry out this discretion the necessary medical procedure and treatment in such manner that the attending veterinarian sees the best treatment of my animal such as laboratory diagnosis and administration of anesthetics, when necessary.

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:  DATE OF ADMISSION: \_\_\_\_\_  
FULL NAME AND SIGNATURE