



Republic of the Philippines  
**CITY VETERINARY DEPARTMENT**  
 Quezon City, Metro Manila



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## CONSENT FOR SURGERY

It is important for you to understand that the risk of injury or death although extremely low, is always present just it is for humans who undergo surgery. Carefully read and ensure you understand the following before signing your name:

- ✓ I, of legal age, acting as owner or representative of the pet named below, hereby request and authorised QCVD veterinarians to perform an operation for Spay / Castration. I understand that there is some of the risk in the procedure and some risk in the use of anaesthetics and drugs provided for the procedure. I understand that if my animal is found to have live fleas / ticks, it may pose a risk for surgery.
- ✓ I understand that QCVD has the right to refuse service to any animal deemed too high of a surgical risk as follows: too aggressive, stressed, very thin, lactating, suspected pregnant, whelped less than 3 months ago, has previous illness, currently taking antibiotic medicines with previous history of surgery and other critical health condition upon presentation.
- ✓ I hereby release QCVD veterinarians, volunteer, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations and medications. I agree that I have not and will not claim any right of compensation from them or any of them or file action by reason of such surgical procedure of such animal or any consequences related thereto.

Since there is no existing pre operative blood work, I voluntarily agree that my pet is more than 8 months but not over 5 years of age and is in good health I. I have not offered him / her any food to the best of my knowledge. My pet has not digested any substances (other than water) since midnight last night.

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME / DATE

### ASSIGNED NUMBER

### SPAY/ CASTRATION ADMISSION FORM

OWNER'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT NUMBER: \_\_\_\_\_  
 BARANGAY: \_\_\_\_\_  
 SPECIES: ( ) DOG ( ) CAT GENDER ( ) MALE ( ) FEMALE)  
 PET'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ AGE: \_\_\_\_\_

### PATIENT MEDICAL RECORD

WEIGHT: \_\_\_\_\_

#### PHYSICAL FINDINGS: (SPECIAL CONCERNS)

<input type="checkbox"/> Fleas / Ticks	<input type="checkbox"/> Overweight
<input type="checkbox"/> Worms	<input type="checkbox"/> Underweight
<input type="checkbox"/> Skin Abnormalities	<input type="checkbox"/> Dehydrated
<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Nasal / Ocular Discharge
<input type="checkbox"/> Wound / Scars	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Anemic / Pale gums
<input type="checkbox"/> Earmites	<input type="checkbox"/> Others / Abnormal Findings:

	Dosage / Time:
Pre – anesthetic:	
Anesthetic:	
Other Medications:	

Remarks: