



MAYO VET CARE Clinic
11 Le Thuoc St., Thao Dien, Thu Duc, Ho Chi Minh
Hotline: 0348 098 055 **Email:** mayovetcare@gmail.com

CONSENT FORM

Client Information

Full name: Mrs. Trang

Address: Oneverandah, số 1 Tạ Hiền, Phường Thạnh Mỹ Lợi, Quận 2, TP Hồ Chí Minh
Phone number: (094) 487 3358

Pet Information

Name: Rio

Species: Feline Breed: BLH Weight: 4.08kg

Age: 2 years 1 months Spayed/ Neutered: x

Vaccinated: √ Dewormed: √

Veterinarian: Phan Đức Tài

Date and time of last meal: 10:00 PM 09/07/2025

Medical history: x

Current medication(s): x

Treatment plan: Castration

Estimated costs: 2.000.000 VND

Deposit: x

I confirm that I am the owner (or the authorized representative of the owner) of the pet mentioned above and am authorized to approve the procedures. I agree to allow my pet to undergo anesthesia and the necessary treatments as determined by the veterinarian. I have been informed of the potential situations and risks that may arise before, during, and after anesthesia/surgery.

I understand that all treatments carry risks, even for healthy pets. The veterinarian has thoroughly explained these risks. I accept full responsibility for any additional costs incurred in emergencies to ensure the safety of my pet.

I am aware that the veterinarian will do their best with the clinic's available resources to perform the procedure. I also acknowledge that medications or treatments prescribed by the veterinarian cannot guarantee the desired outcomes. The veterinarian will aim to keep the treatment costs within the quoted estimate. However, in unforeseen circumstances, the estimate may change, and the clinic will try to notify me in advance. In emergencies, the veterinarian will prioritize the pet's life over contacting the owner.

I fully understand the reasons, treatment plan, risks, and potential complications involved. By signing this form, I confirm that I am of sound mind, acting voluntarily, and fully aware of the circumstances. I agree to pay the full treatment costs for my pet upon discharge and commit not to file complaints against the clinic or veterinarian in case of any unexpected outcomes. I take full responsibility for my decision to allow the veterinarian to proceed with the treatment plan.

Ho Chi Minh City, 09/07/2025

Owner's signature

Veterinarian's signature



Phan Duc Tai, DVM

1778/CNTY-CCHN