



PAMBANSANG PUNONGHIMPILAN TANOD BAYBAYIN NG PILIPINAS
(National Headquarters Philippine Coast Guard)
139 25th Street Port Area
Manila 1018

NHQ-PCG/CGVS

19 January 2023

**STANDARD OPERATING PROCEDURE
NUMBER 06-23**

ADMINISTRATION AND OPERATION OF CG VETERINARY HOSPITAL

I. REFERENCE:

GHQ, AFP Veterinary Dispensary SOP Number 01 dated 01 September 2014.

II. PURPOSE:

This SOP prescribes the policies, procedures and responsibilities for the administration of veterinary health care services.

III. SCOPE:

This SOP shall cover all Coast Guard-owned dogs under the inventory of CGK9, working dogs of other government K9 units, and PCG-dependent pets.

IV. DEFINITION OF TERMS:

A. Euthanasia– is the process of humanely putting an animal to death without unnecessary stress and pain.

B. Elective Surgery– non-emergency surgery taking place at a predetermined date.

C. General Anesthesia – anesthesia that affects the whole body and usually induces a loss of consciousness.

D. Idiosyncratic Drug Reactions – are unpredictable adverse drug reactions that do not occur in most patients but when they occur they can be life-threatening.

E. Other Government Dogs – refers to the working dogs of K9 Units from the Armed Forces of the Philippines (AFP), the Presidential Security Group (PSG), Philippine National Police, and the Philippine Drug Enforcement Agency (PDEA).

F. PCG-Dependent Pets – are pets (dog and cat) owned by PCG personnel (active and retired).

G. Sedation – the administration of a sedative drug to produce a state of calm or sleep; allaying irritability or excitement, especially by the administration of a sedative or tranquilizer.

H. Surgery – that branch of veterinary science that treats diseases, injuries, and deformities by the manual or operative method.

I. Veterinary Hospital – an establishment that has all of the facilities available including surgery, radiology, clinical pathology, dispensary and confinement accommodation, and provision for 24-hour surveillance of animal patients.

V. POLICIES:

A. Provide smooth and orderly comprehensive veterinary health care to all Coast Guard-owned dogs, working dogs of other government K9 units, and PCG-dependent pets.

B. Ensure the proper handling of patients and efficient day-to-day systematic management of the facility is observed.

VI. PROCEDURES:

A. Patient Admission

1. The Coast Guard Veterinary Hospital will only accept authorized dog patients (i.e. PCG Dogs, other Government Dogs, and PCG-dependent pets).

2. Dog patient priority shall be categorized as follows:

- a. First Priority – PCG Dogs
- b. Second Priority – other Government Dogs
- c. Third Priority - PCG Dependent-Pets

3. All animal patients other than those previously mentioned will be referred to other authorized veterinary treatment facilities.



B. Appointment

1. The CG Veterinary Hospital works by appointment and will do its best not to keep the patient waiting. Walk-in authorized patients will be entertained only after all the animal patients with prior appointments have been attended to unless otherwise, it is an emergency case.

2. Other Government K9 Units shall set an appointment before coming to the CGK9 Veterinary Hospital for consultation/treatment/procedures.

C. Patient Arrival

1. For everyone's safety, all patients brought to the CG Veterinary Hospital shall be on a leash or inside a carrier at all times.

2. Patients are ushered to the waiting area before they are taken into the examination room.

3. A Patient Data Form (Annex A) shall be given for first-timer patients brought to the hospital and filled out properly by the Government K9 Unit or owner of PCG Dependent-Pets.

D. Clinic Hours

1. Regular clinic hours of CGK9 Veterinary Hospital shall be from Mondays to Saturdays 0800H to 1130H and 1330H to 1700H. Sundays will be the day for the maintenance of the facilities and veterinary equipment.

E. Emergency

1. Emergency cases for treatment and/or surgery that transpire during and after clinic hours will be attended immediately, provided that the veterinarians are not attending to any concerns of PCG dogs. Otherwise, such a patient will be referred to other veterinary treatment facilities.

2. Cases that require specialized treatment will be referred to other veterinary treatment facilities.

F. Confinement

1. Confinement depends on the attending veterinarian's discretion based on his/her assessment of the patient's condition after completing all the necessary veterinary clinical/ surgical procedures.



2. Government K9 Unit is required to fill out and sign the Confinement Consent Form (Annex B).

3. Government K9 Unit and owner of PCG Dependent Pets must provide dog food, supplementation, and prescription medicines for their dog confined at the CG Veterinary Hospital.

G. Surgery

1. Elective surgeries are done twice a week preferably every Tuesday and Thursday of the week at regular clinic hours from 0800H-1700H.

2. A patient shall undergo a pre-operative examination before being scheduled for surgery.

3. The attending veterinarian shall discuss the surgical procedure to be performed and give pre-operative instructions.

4. Dogs scheduled for surgery should receive no food after midnight of the night before admission, but access to water shall be permitted.

5. All elective surgery patients shall be admitted to the hospital before 0800H on the scheduled day of surgery to allow proper preoperative procedures.

6. Government K9 Unit and owner of PCG Dependent Pets shall fill out and sign the Surgery Consent Form (Annex C) before allowing surgery to be performed on their dogs or pets, respectively.

7. All major surgeries involving sedation and or general anesthesia shall be conducted at the CG Veterinary Hospital only under the supervision of a Veterinary Clinician.

8. All surgical procedures not available in this unit and those requiring a veterinary specialist to perform the procedure will be referred to other veterinary treatment facilities.

9. The Veterinary Clinician has the sole right to discharge the patient after completing the procedure.

10. The attending veterinarian shall give instructions for post-operative patient care.

H. Euthanasia

1. The attending veterinarian may recommend euthanasia if the patient is suffering and the condition cannot be adequately controlled or



managed. Terminally unwell or injured patients in which the prognosis is considered hopeless and patients with intractable behavior problems are considered for euthanasia.

2. Government K9 Unit and owner of PCG Dependent Pets are required to sign the Euthanasia Consent Form (Annex D).

I. Others

1. No injectable drugs, and biologicals (vaccines/bacterins) shall be dispensed to handlers of PCG Dogs, Government-owned Dogs, and owners of PCG-Dependent Pets. All injectable drugs must be administered only by the Veterinary Clinician of the CG Veterinary Hospital.

2. The CG Veterinary Hospital or any of its Veterinary Clinicians and staff shall not be liable for any untoward incidents related to idiosyncratic drug reactions after the administration of injectable drugs/medicines and biologicals, provided that thorough explanation and appropriate measures or protection are undertaken against potential risks.

3. The CG Veterinary Hospital will assist government-owned dog in case of a referral to other Veterinary Facilities. Such support will be limited to making an appointment and endorsing the case to the said facility.

4. Veterinary supplies, biologicals, and medicines required by the patient during treatment or procedure shall be prescribed to and purchased by the Government K9 Unit and owner of PCG Dependent-Pets. Supplies dispensed by the CG Veterinary Hospital during emergency cases shall be replaced by the Government K9 Unit and owner of PCG Dependent-Pets.

5. The CG Veterinary Hospital is not responsible for all expenses incurred by patients referred to other veterinary treatment facilities or other veterinary specialists. Fees acquired during such procedures and examinations shall be shouldered by the Government K9 Unit and owner of PCG Dependent-Pets.

6. The CG Veterinary Hospital has the right to refuse cases of highly infectious illnesses that are transmissible among animals (i.e., Canine Parvovirus, and Canine Distemper) and those zoonotic diseases transferrable from animals to humans and vice-versa (e.g., Leptospirosis and Rabies) to prevent contamination of hospital facility, spread of diseases to PCG dogs and protect CGVS personnel from contracting life-threatening infections.



VII. DUTIES AND RESPONSIBILITIES:

A. Veterinary Clinician

1. Responsible for the efficient delivery of veterinary health care services to patients brought at the CGK9 Veterinary Hospital for consultation, vaccination, deworming, treatment, and surgical and ancillary procedures.
2. Take patient signalment (medical history, vital signs, and weight).
3. Examine, diagnose and create treatment plans for a certain disease.
4. Provide thorough instructions for home treatments and how to administer any prescribed medicines.
5. Responsible for the interpretation of all diagnostic procedures (laboratory, X-ray and ultrasound results).
6. Provides education for dog handlers about best practices for the care of their dogs, offers suggestions for healthy diets or dealing with behavior problems, and teaches them how to recognize signs of diseases.

B. Veterinary Aide

1. Assist the Veterinarians during the consultation, administration of drugs and surgical procedures.
2. Responsible for preparing, disinfecting, sterilizing veterinary surgical instruments and other equipment.
4. Attend to the daily care of the patient such as feeding, walking, and providing water and washing of beddings.
4. Responsible for the cleaning and disinfection of dog cages, examination rooms and treatment areas.
6. Maintain the general cleanliness and sanitation of the hospital.

C. Medical Technician

1. Responsible for collecting and processing blood, urine and fecal samples for laboratory examination.
2. Responsible for the complex analysis of microscopic, immunologic, biologic, bacteriologic, hematologic, chemical tests and their results.



D. Radiologic Technician

1. Responsible for capturing and analyzing medical images such as X-rays, CT scans, ultrasounds and MRIs.

VIII. RESCISSION:


All SOPs, policies and provisions of existing regulations that are inconsistent with the provisions of this SOP are hereby amended or rescinded accordingly.

IX. EFFECTIVITY: This SOP shall take effect upon approval.

BY COMMAND OF CG ADMIRAL ABU:

OFFICIAL:

TITO ALVIN G ANDAL
CG COMMO
Chief of Coast Guard Staff


JAYSIEBELL B FERRER
CG CDR
Coast Guard Adjutant

Annex A – Patient Data Form
Annex B – Confinement Consent Form
Annex C – Surgical Consent Form
Annex D – Euthanasia Consent Form

Annex A



Philippine Coast Guard
Coast Guard Veterinary Service
COAST GUARD VETERINARY HOSPITAL
Coast Guard Base Taguig, # 56 M. L. Quezon Street
Purok 1, New Lower Bicutan, Taguig City

PATIENT DATA FORM

Name of Pet: _____ Breed: _____ Sex: _____

Species _____ Date of Birth: _____ Markings: _____

Owners Name: _____ Contact #: _____

Address: _____

Date	Body Temp/Pulse Rate/Resp Rate	Body Weight	Observation & Medication	Veterinarian

Annex B



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Purok 1, New Lower Bicutan, Taguig City

CONFINEMENT CONSENT FORM

Name of Owner: _____ Date: _____

Address: _____ Contact No: _____

Name of Pet: _____ Breed: _____

Species: _____ Color/markings: _____

Date of Birth: _____ Age: _____

I, responsible for the above-described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. You are to use all reasonable precautions against injury, escape, or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risk. I will provide all the medicines needed during confinement including dog/cat food until the release of my pet.

Signature of Owner/Responsible Party over Printed Name

Date _____



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SURGICAL CONSENT FORM

Name of Owner: _____ Date: _____
Address: _____ Contact No.: _____
Name of Pet: _____ Breed: _____
Species: _____ Color/ Markings: _____
Date of Birth: _____ Age: _____

For Spay: during the surgical procedure if your pet is found to be pregnant, do you authorize completion of Spay? Yes _____ No _____

BRIEF HISTORY:

Is your pet currently vaccinated? Yes _____ No _____
Has your pet ever undergone anesthesia before? Yes _____ No _____
If yes, were there any complications? (Explain) _____
Does your pet have any drug allergies that you know of? _____
Did your pet eat anything this morning? Yes _____ No _____
Is there anything we need to know about your pet?

DOCTOR RECOMMENDED PROCEDURES: In all surgical procedures, a **Complete Blood Count (CBC)** (to measure the concentration of cells in the bloodstream, which is a good indicator of general health and to screen for a variety of disorders such as anemia and blood parasites) and **Blood Chemistry Test** (given important information about how well an animal's kidney, liver, and other organs are working) are recommended before performing the surgery. However, Coast Guard Veterinary Service has no Blood Chemistry Test. Are you willing to pay for the Blood Chemistry Test to be sent to other laboratory facilities? Yes _____ No _____.

I, being responsible for the above- described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. You are to use all reasonable precautions against injury, escape, or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. I will provide all the medicines that needed for the surgery including food during the recovery stage until the release of my pet.

Signature of Owner/ Responsible Party Over Printed Name

Date

Annex D



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Coast Guard Veterinary Service
COAST GUARD VETERINARY HOSPITAL
Coast Guard Base Taguig, # 56 M. L. Quezon Street
Purok 1, New Lower Bicutan, Taguig City

EUTHANASIA CONSENT FORM

I, HEREBY AGREE to have my pet _____ be EUTHANIZED at COAST GUARD VETERINARY HOSPITAL subject to the following conditions:

1. That the authority is given to any licensed veterinarian/s to perform the euthanasia of my aforementioned pet;
2. That the euthanasia is deemed necessary to put an end to the misery (especially painful conditions) suffered by my pet;
3. That my pet has an incurable disease that is infectious and/or contagious which could pose a hazard to humans as well as to the whole kennel;
4. That my pet has behavioral issues that made them unmanageable that could pose a hazard to human safety; and
5. That I agree to replace the anesthesia and other medicine used by my pet for the EUTHANASIA procedure.

IN WITNESS WHEREOF, I, HEREBY AFFIX MY SIGNATURE THIS _____ DAY OF _____ 20__ IN COAST GUARD BASE TAGUIG, #56 M.L. QUEZON ST., NEW LOWER BICUTAN, TAGUIG CITY.

Owner's Signature Over Printed Name

Address: _____

Telephone/Mobile #: _____

Time Admitted: _____

WITNESSES:

Signature Over Printed Name

Signature Over Printed Name