

PET DOCTORS VETERINARY SUPPLIES AND SERVICES
Diversion Road, San Miguel, Calasiao, Pangasinan

REFUSAL OF SERVICES FORM

DATE: 17 MAY 2026

PATIENT'S INFORMATION:

Name: Allena

Specie: _____

Gender: _____

Breed: _____

Markings/ Color: _____

_____ I wish to discharge my pet against the attending veterinarian/s advice.

I refuse laboratory tests: Wood Cuen SDMA

_____ I refuse treatment/ medications: _____

_____ I refuse deworming/ vaccination protocol/s. _____

_____ I refuse confinement.

_____ I refuse other services.

I, _____ owner of the patient described above, understand that this is against the advice of the veterinarian in charge on his/ her deputy. I have been informed of all the possible consequences and risks of my choice.

I, take all responsibility of my choice to terminate services. I, hereby release PET DOCTORS VETERINARY SUPPLIES AND SERVICES and its staff of all responsibility for what may occur immediately or in the long term resulting of my choice.

Signed: EDEL BERNARDIA
Full Name and Signature

Date: 17 MAY 2026

I, fully confirm that I have explained to the owner/s the danger that might arise from his/ her decision to discharge his/her pet against veterinary advice, or refuse the above remedies.

Mikaela Bernadette A. Rabino, DVM
Lic.# 10344
Pir#

Veterinarian/s: _____

Date: 17 MAY 2026