

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

REFUSAL OF SERVICES FORM

DATE: 23 MAY 2026

**PATIENT'S INFORMATION:**

Name: Skuy  
Specie: \_\_\_\_\_  
Gender: \_\_\_\_\_

Breed: \_\_\_\_\_  
Markings/ Color: \_\_\_\_\_

- \_\_\_\_\_ I wish to discharge my pet against the attending veterinarian/s advice.  
 I refuse laboratory tests: S way test  
\_\_\_\_\_ 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: *General*  
MAYOR VALRO  
Full Name and Signature

Date: 23 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.

Veterinarian/s: *Mizela Bernadette A. Rabino, DVM*  
Lic. # 19944  
P#

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