

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

REFUSAL OF SERVICES FORM

23 SEP 2025

DATE: _____

PATIENT'S INFORMATION:

Name: Pepper
Species: Shih Tzu
Gender: Male

Breed: _____
Markings/ Color: Tri-color

_____ I wish to discharge my pet against the attending veterinarian/s advice.
/ I refuse laboratory tests: Complete bloodwork IVDMP
_____ I refuse treatment/ medications: _____
_____ I refuse deworming/ vaccination protocol/s. _____
_____ I refuse confinement.
_____ I refuse other services.

I, JESSA O. DE VERA 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: JESSA O. DE VERA
Full Name and Signature

Date: 23 SEP 2025

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.

J. P. Diosana Landangin, DVM
Lic. No.: 0012350
PTR No.: _____

Veterinarian/s: _____

Date: 23 SEP 2025