

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

REFUSAL OF SERVICES FORM

123 SEP 2025

DATE: _____

PATIENT'S INFORMATION:

Name: Pepper
Specie: 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 urinalysis IVDDMP
 I refuse treatment/ medications: _____
 I refuse deworming/ vaccination protocol/s: _____
 I refuse confinement.
 I refuse other services.

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

23 SEP 2025

Date: _____

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: J. P. Dirosana Landigan, DVM
Lic. No.: 0012350
PTR No.: _____

23 SEP 2025

Date: _____