

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

REFUSAL OF SERVICES FORM

123 SEP 2025

DATE: \_\_\_\_\_

**PATIENT'S INFORMATION:**

Name: PAWNO

Species: \_\_\_\_\_

Gender: MALE

Breed: \_\_\_\_\_

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

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

I MEDATREX MORALES 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: MEDATREX MORALES  
Full Name and Signature

Date: 123 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. Biosana Landinin, DVM  
Lic. No.: 0012350  
PTR No.: \_\_\_\_\_

123 SEP 2025

Veterinarian/s: \_\_\_\_\_

Date: \_\_\_\_\_