

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

REFUSAL OF SERVICES FORM

DATE: 23 SEP 2025

PATIENT'S INFORMATION:

Name: PRIMO  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Gender: MALE 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: 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.

Veterinarian/s: J. P. Diosana Landingin, DVM  
Lic. No.: 0012350  
PTR No.: \_\_\_\_\_

Date: 23 SEP 2025