

Less stress for you and your pet



Against Medical Advice Release

Date: ____/____/____

Against Medical Advice Release

Patient:

Species:

Breed:

Gender:

DOB: **Age:**

Client:

Please initial the appropriate statement below:

Please initial the appropriate statement below:

____ I, the undersigned, do fully understand that I am taking my pet, _____, out of the care of Mobile Pet Vet against the advice of the medical staff. Because of my decision to remove my pet from the doctors care, I have been informed that there may be further complications in her condition. These conditions may include, but are not limited to, further deterioration of her condition and/or death.

____ I, the undersigned, do fully understand that I have elected services for my pet, _____, that do not represent the optimal care as advised by Mobile Pet Vet. The ramification of such a decision on my part may include further deterioration of her condition and/or her death.

Authorized Signature

Date