

Against Medical Advice Form Veterinary

Client and Patient Information:

- Owner's Full Name: _____
- Animal's Name: _____
- Animal's Species: _____
- Breed: _____
- Age: _____ Weight: _____

Veterinary Clinic Details:

- Clinic Name: _____
- Address: _____
- Attending Veterinarian: _____

Description of Medical Advice:

- Recommended Treatment or Procedure:

Reason for Declining Treatment:

- Please describe the reason for refusing the recommended treatment or procedure:

Acknowledgment of Risks:

I, the undersigned, acknowledge that the veterinary professional has provided clear information regarding the risks, benefits, and possible outcomes of refusing the recommended treatment.

I understand that declining this treatment may result in adverse health

outcomes, including but not limited to worsening of the animal's condition or death.

Declaration and Release of Liability:

I hereby release the attending veterinarian and the clinic from all liability associated with my decision to decline the recommended treatment.

Owner's Signature: _____ **Date:** _____

Witness Name: _____ **Witness Signature:** _____