

Disclaimer: Refusing Treatment / Removing an Animal From Our Care

Date: _____

Owner Details:

Name: _____

Address: _____

Phone no: _____

Animal Details:

Name: _____

Breed: _____

Colour: _____

Sex: _____

Age / DOB: _____

Recommended Treatment:

Veterinarian: _____ Signed: _____

I _____, of _____
, am hereby removing the above mentioned animal from the care of the Para Hills
Veterinary Clinic against the veterinarian's advice and refusing the recommended
treatment. I recognise that I am solely responsible for any consequences of this action.

Signature: _____ Witness: _____

Print name: _____ Print name: _____

Date: _____ Address of witness: _____

Date: _____