

Release of Liability

I decline the following procedures for my pet: Pets Name _____

Vaccinations

Da2PICpv_____

Rabies_____

Bordetella_____

Feline 4_____

Bloodwork_____

Urinalysis_____

This is prior to:

Surgery_____

Boarding_____

Other_____

This is due to:

_____ pet's age

_____ other medical conditions

_____ vaccinations are current (waiting for copy of records from another veterinary office)

I accept full responsibility for this decision

Client Name (print)

Date

Signature