

CORONA COMMUNITY VETERINARY HOSPITAL

423 EAST GRAND BLVD

CORONA, CA 92879 951-279-7387

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ PET NAME \_\_\_\_\_

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_

I, the undersigned, do fully understand that I have elected services for my pet that do not represent the optimal care as advised by the Veterinarian in charge at Corona Community Veterinary Hospital. **The results of such a decision on my part may include no improvement, further deterioration, or even the death of my pet.**

**RECOMMENDED SERVICES (DECLINED BY OWNER) ARE AS FOLLOWS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE PROVIDING RECOMMENDATIONS

\_\_\_\_\_  
DATE