

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