

EL SEGUNDO ANIMAL HOSPITAL

240 Center Street
El Segundo, CA 90245
email: reception@elsegundoah.com
phone: (310) 606-8811
fax: (310) 321-3446

AGAINST MEDICAL ADVICE (AMA) RELEASE

Client Name:		Date:
Home Phone:	Work Phone:	Cell Phone:

Patient Name:	Age:	Dog / Cat
Breed:	Color:	M / F

This is to certify that I, _____, Owner or Authorized Agent of the Owner of the above named animal, elect to refuse any diagnostics/treatments/hospitalization for this animal as recommended to me by Dr. _____ of the El Segundo Medical Hospital.

An El Segundo Animal Hospital Staff Member has informed me of the medical risks/benefits of my choice and I understand those risks may include death. I have been advised that additional complications/risks are possible. Knowing this, I refuse the prescribed medical care.

As a result of my choice, I hereby release El Segundo Animal Hospital, the Doctor named above, and the El Segundo Animal Hospital Staff of any liability or medical claims arising from my election not to pursue the Doctor's recommendations regarding the diagnosis/treatment for my animal.

I hereby request that my animal be released to me despite its medical condition and I fully recognize that this release is against the Doctor's medical advice.

Owner or Agent Signature Date

Witness Signature Date

REFUSAL TO SIGN RELEASE FORM

Owner or Agent of Owner Name:	Date:
-------------------------------	-------

The above named Owner or Agent of Owner:
Refuses advised medical care.
Refuses to sign the above release form.

First Witness Signature Date

Second Witness Signature Date