

**Lincoln Avenue Cat Hospital**  
133 Lincoln Avenue  
Fair Lawn, New Jersey 07410

**Animal Hospital of Fairfield**  
428 Fairfield Road  
Fairfield, New Jersey 07004

**Consent Form for Denial of Treatment/Testing/Surgery**

Registered Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

I, the undersigned owner or agent for the owner of the pet named above, acknowledge that because of the serious medical condition of my pet, the doctor (s) at Lincoln Avenue Cat Hospital are recommending that my pet be treated and/or tested on a regular basis for their medical condition. I understand that my pet needs further medical attention and that it is my responsibility to seek further care at the veterinary facility of my choice.

       In the event any adverse medical problems including death occur because of my decision to decline any treatment and/or testing, I accept full responsibility. In addition, I release all employees and doctors of Lincoln Avenue Cat Hospital of any liability or damages.

**Decline Testing**

\_\_\_\_\_ I am fully aware that even though the doctor has informed me that the medication \_\_\_\_\_ can be very hazardous to my pet, I release the staff at this veterinary practice of all responsibility for my decision.

**Decline Treatments**

\_\_\_\_\_ Declined Anesthesia                      \_\_\_\_\_ Hospitalization                      \_\_\_\_\_ Ultrasound

\_\_\_\_\_ Pre-Anesthetic Blood work                      \_\_\_\_\_ Antibiotic Injectable                      \_\_\_\_\_ Tranquilizer

\_\_\_\_\_ Diagnostic Radiographs                      \_\_\_\_\_ Steroid/Anti-inflammatory                      \_\_\_\_\_ Dental

\_\_\_\_\_ Surgery/Procedure of \_\_\_\_\_

\_\_\_\_\_ Medication \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

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Signature of Owner

Date

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Signature of Witness

Date