

Against Medical Advisement Form (AMA Form)

I, _____, being the owner/guardian of _____, wish to have surgery performed on him/her against the medical advisement of the veterinarian on staff. The veterinarian on staff has advised me that it is in my pet's best interest to be referred to a full service clinic for the reason(s) listed below. Although Dehart Veterinary Services, PLLC. has surgery protocols that operate under a high standard of care, they do not offer diagnostic services that my pet may benefit from prior to undergoing surgery. I do, however, understand that changes to Dehart Veterinary Services, PLLC. surgery protocols will be made, when possible, to adjust to the health condition(s) of my pet. By signing this statement I fully understand the possible complications, including death, that can arise from my pet having surgery under the conditions available at Dehart Veterinary Services, PLLC. and I will not hold them or the veterinarian on staff liable for any complications that are related to the condition(s) listed below.

Condition(s):

Pet Owner

Date

Veterinarian on Staff

Date

Witness

Date

