



**Request for release of a patient Against Medical Advice**

This is to certify that I, \_\_\_\_\_, the undersigned, am requesting the release of my pet “\_\_\_\_\_” from Mass-RI Veterinary E.R. against the advice of the medical staff. I assume full responsibility associated with this action and do hereby agree to release Mass-RI Veterinary E.R. And its staff of any and all liabilities that may result from this action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_