



**Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Patient:** \_\_\_\_\_

**Non-compliance with 6 month repeat prescription requirements.**

I understand that I have not complied with the normal practice policy followed and advised by Acorn House Veterinary Hospital with respect to repeat prescriptions, namely:

- Repeat consultation for clinical examination every \_ months
  - Tests to monitor medication levels +/- or effects
- (delete as appropriate)

I accept that any deterioration in my animal's health (named above) resulting from a lack of veterinary care is my sole responsibility.

Date

Signature of client

Clients name (printed)

Signature of Veterinary Surgeon

Veterinary Surgeons Name (printed)