



AGAINST MEDICAL ADVICE RELEASE FORM

Owner Name: _____

Authorised Representative: _____

Horse Name: _____ Stable: _____

Microchip No: _____ Passport No. _____

- I, the undersigned, do fully understand that I am taking my horse out of the care of Sharjah Equine Hospital against the advice of the medical staff. Because of my decision to remove my pet from the hospital, I have been informed that there may be further complications in his/her condition. These conditions may include, but are not limited to further deterioration of his/her condition and/or death.
- I, the undersigned, will not hold the Sharjah Equine Hospital responsible for any further deterioration in the condition of my horse.
- I agree to settle all invoices for the services offered by the Sharjah Equine Hospital before discharge of the horse from the hospital

Authorised Signature

Date