AMA/Decline Treatment (TPH-EN)

March 31, 2026

Thrive Catonsville
32 Mellor Ave
Catonsville, MD 21228 US
(410) 788-7040
tcuc.contact@thrivepet.com

Client Name: Sampuran Singh
Client Address: 3428 Mondawmin Ave, Baltimore, MD 21216 US
Client Phone: 4109632205
Client Email: null
Client ID: 107021899

This form is being completed for:

Pet name: Fly
Pet sex: MALE
Pet species: canine
Pet breed: french bulldog
Pet color: black
Pet age: a year old
Pet ID: 379694024

Against Medical Advice Release/Decline Treatment

Initial any/all that apply:

SS I, Sampuran Singh, the undersigned, fully understand that I am taking my pet, Fly, out of the care of Thrive Catonsville 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 Fly's condition**, including, but not limited to, further deterioration of Fly's health and/or death.

SS I, Sampuran Singh, the undersigned, fully understand that I have elected services for Fly, that does not represent the optimal care as advised by Thrive Catonsville's doctor(s) and staff. The ramification of such a decision on my part may include further deterioration of

Fly's health, suffering, and/or death. I further understand that by making this decision, I may be limiting the treatment options that may be available to my pet.

I am willing to accept the consequences of my decision to remove my pet from the hospital or decline treatment, as applicable, and I hereby fully release Thrive Catonsville, its owners, its veterinarians, and its staff from any and all liability or losses resulting from my decision to do so, including as it relates to the deterioration of Fly's health and/or death.

I certify I am the owner or responsible agent for the pet described above and I have the authority to make the medical decisions as it relates to this pet and to provide the releases set forth in this agreement. I am over 18 years of age.

Printed name of Owner or Responsible Agent:

Sampuran Singh

Phone number where Owner/Agent can be reached:

4109632205

Date: March 31, 2026

By electronically signing this consent and submitting it to our clinic, you are agreeing to the terms of this consent and the Thrive Catonsville Terms of Use and Privacy Policy.