

HEARTWORM TEST WAIVER

NAME:	ADDRESS:			
PHONE: (C)	DATE:			
Pet				
NAME:				
SPECIES:	BREED:	COLC)R:	_
SEX:DOB:	WEIGHT:			
I,	or designated represen	tative, do here	eby certify that I ar	m the owner of
It has be	en explained to me that	t both the AV	MA and the heartw	vorm preventative drug
manufacturers recommend test	ting for heartworms eve	ery year even	if on constant mon	nthly preventative prior
to prescribing heartworm medi	ication.			
☐ I understand that it is possib	ole for	to get hea	rtworms even if or	n monthly
preventative. This can be cause	ed by missing a dose, v	omiting up m	edication unbekno	wnst to owner,
inappropriate dosing or rarely,				
☐ I understand that giving cert	tain heartworm prevent	atives to a do	g that is positive fo	or heartworms may
cause serious illness up to and	-		1	·
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☐ I understand that by not ann	ually testing for heartw	orms or by pu	archasing HW prev	vention from the
internet, I will void any manuf	acturer's compensation	offered for tr	reatment of heartw	orm disease.
I hereby waive the testing proc	eess and release the doc	etor and staff o	of Metropolitan V	eterinary Center
from any and all liability for an			_	
testing. Any medications other				
•	* *			
Metropolitan Veterinary Cer	iter resumes no respon	isibility for an	y adverse side-effe	ects they may cause.
SIGNATURE OF OWNER		DATE SIG	CNED	