

## **HEARTWORM TEST WAIVER**

NAME:	ADDRESS: _		
PHONE: (C)	DATE:	······································	
Pet			
NAME:			
SPECIES:	BREED:	COLOR:	
SEX:DOB:_	WEIGHT:		
I,	or designated representa	tive, do hereby certify the	hat I am the owner of
It	has been explained to me that b	ooth the AVMA and the	heartworm preventative drug
manufacturers recomme	end testing for heartworms ever	y year even if on consta	nt monthly preventative prior
to prescribing heartworn	n medication.		
☐ I understand that it is	possible for	_ to get heartworms eve	en if on monthly
preventative. This can b	e caused by missing a dose, vo	miting up medication ur	beknownst to owner,
inappropriate dosing or	rarely, product failure.		
☐ I understand that givi	ng certain heartworm preventat	rives to a dog that is pos	itive for heartworms may
cause serious illness up	to and including death.		
☐ I understand that by r	ot annually testing for heartwo	rms or by purchasing H	W prevention from the
internet, I will void any	manufacturer's compensation of	offered for treatment of	heartworm disease.
I haraby waive the testin	ng process and release the docto	or and staff of <b>Matrona</b> l	litan Vatarinary Cantar
•	y for any reactions from giving	_	
•			
•	s other than approved methods		,
Metropolitan veterina	ry Center resumes no responsi	bility for any adverse si	de-effects they may cause.
SIGNATURE OF OWNER		Date Signed	
PIONATOKE OF OMNER	·	DATE SIGNED	