

Good Shepherd Veterinary Hospital

101 Fox Trot Dr. Mars, PA 16046
Tel: (724) 776.PETS Fax: (724) 776.7388
www.gsveterinaryhospital.com

CLIENT REFUSAL TO AUTHORIZE AND/OR PAY FOR RECOMMENDED CANINE AND FELINE FECAL ANALYSES AND/OR PARASITICIDES

I, the undersigned owner of the pet(s) identified below, hereby decline the fecal parasite analysis and/or treatment for that (those) animal(s) recommended by Good Shepherd Veterinary Hospital. I understand that this laboratory test and/or treatment for intestinal parasites is aimed primarily at improving or maintaining the health of my pet. I have been informed that eliminating intestinal parasites from my pet is also important for the health of my family.

According to the U.S. Government's Center for Disease Control, dog and cat parasites can be transmitted to humans, especially small children and immunosuppressed family members and potentially cause serious health problems ranging from skin rashes, to intestinal disease, blindness, encephalitis, or meningitis.

In the event one of my family members or friends suffers from a medical problem that could have been diagnosed by conducting this laboratory test or treated by providing the recommended parasiticide to my pet, I agree to hold Good Shepherd Veterinary Hospital harmless for any of the costs related to the diagnosis or treatment of such symptoms, or for any temporary or permanent injuries related to such a parasite infection which might have been prevented had such test or treatment been performed.

Pet(s) Names

Signature of Owner/Authorized Agent

Date