

Good Shepherd Veterinary Hospital

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

CLIENT CONSENT TO REFILL HEARTWORM MEDICATION PRESCRIPTION WITHOUT A BLOOD TEST

I, the undersigned owner or authorized owner's agent of the pet(s) named _____ understand that standard veterinary procedures require that dogs receiving heartworm preventative treatment be **tested annually** for the presence of heartworm larvae or antibodies – especially in high risk areas like Mars, Pennsylvania. The reasons for this policy are:

- 1) It is virtually impossible for veterinarians or owners to know whether each pet in a family received and actually ingested its heartworm medication on a regular basis during the previous year;
- 2) Pets that miss one or more month's tablets are at risk of becoming infested with adult heartworms which puts their overall health in serious jeopardy;
- 3) A small percentage of pets harboring adult worms and/or heartworm larvae will suffer serious adverse reactions after receiving routine heartworm preventative medication; and
- 4) This is the manufacturers' recommendation.

For these reasons, Good Shepherd Veterinary Hospital has established this policy: If your pet's **initial heartworm prescription was for less than one year, and more than six weeks have passed since the last heartworm preventative pill was administered, the blood test needs to be repeated** before the prescription can be refilled. If the **initial prescription was for one year**, and all pills were administered on schedule, prescriptions will be **refilled only if you pet has had a negative heartworm test within the month prior** to such refill.

I, the owner or agent for the owner of the above named pet(s), hereby decline this recommended blood test. I agree to hold Good Shepherd Veterinary Hospital harmless in the event heartworm medication is purchased and administered by me or my agents without the recommended blood test(s) and one or more of these animals subsequently acquires heartworms or suffers an adverse reaction to the medication.

Signature of Owner/Authorized Agent

Date