

INGERSOLL VETERINARY SERVICES

PROFESSIONAL CORPORATION

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HEARTWORM TEST ACKNOWLEDGEMENT

WAIVER / RELEASE OF LIABILITY

To: Ingersoll Veterinary Services Professional Corporation

And To: It's owners, employees and agents

THE UNDERSIGNED hereby acknowledges that:

1. You have advised the undersigned that heartworm disease can cause serious and sometimes fatal disease of the heart, lungs and other organs.
2. While heartworm disease can be successfully treated depending on early detection and treatment, the most appropriate treatment is preventative medication. (Advantage Multi, Trifexis, Revolution, Heartgard, Spectra, or Sentinel)
3. The manufacturers of the medication referred to above specifically dictate that such treatment should proceed only after having reviewed the results of appropriate blood tests and that you have recommended to the undersigned that such tests be undertaken and that the use of such medication, without performing such tests, would constitute a use of such medication not contemplated by the manufacturer; and
4. Notwithstanding such instructions and advice, the undersigned wishes to proceed with treatment without the benefit of obtaining such test results prior to starting medication.

IN CONSIDERATION of your continued veterinary care of the animal described above and other full and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby releases and forever discharges you and each of you, your heirs, executors, administrators, successors and assigns from and against all claims, actions, causes or action or other liability arising directly or indirectly from any adverse reaction or failed treatment referred to herein and hereby instruct you to proceed with such treatment and this shall be your good and sufficient authority for so doing.

THIS ACKNOWLEDGEMENT shall be binding upon the undersigned and the heirs, executors, administrators, successors and assigns of the undersigned and the undersigned hereby confirms that the undersigned has authority to grant such a release and provide the instructions herein in connection with the animal described herein.

READ BEFORE SIGNING

Owner: _____ **Owner's Signature:** _____

Pet(s): _____ **Date:** _____

Heartworm Medication: (circle one)

Advantage Multi

Heartgard

Spectra

Interceptor

Other (specify) _____