



CROSS TIMBERS ANIMAL MEDICAL CENTER

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HEARTWORM TESTING WAIVER

OWNER

NAME: _____ ADDRESS: _____

PHONE: (C) _____ (H) _____ TODAY: _____

ANIMAL

NAME: _____ PROCEDURES TO BE DONE: Heartworm Medications w/o Testing

SPECIES: _____ BREED: _____ COLOR: _____

SEX: _____ DOB: _____ WEIGHT: _____

I, _____ or designated representative, do hereby certify that I am the owner of _____. It has been explained to me that both the AVMA and the heartworm preventative drug manufacturers recommend testing for heartworms every year even if on constant monthly preventative prior to prescribing heartworm medication.

- I understand that it is possible for _____ to get heartworms even if on monthly preventative. This can be caused by missing a dose, vomiting up medication unbeknownst to owner, inappropriate dosing or rarely, product failure.
- I understand that giving heartworm preventative to a dog that is positive for heartworms may cause serious illness up to and including death.
- I understand that by not annually testing for heartworms or by purchasing HW prevention from the internet, I will void any manufacturer's compensation offered for treatment of heartworm disease.

I hereby waive the testing process and release the doctor and staff of **CROSS TIMBERS ANIMAL MEDICAL CENTER** from any and all liability for any reactions from giving heartworm medication to my dog without prior testing. Any medications other than approved methods are considered "off-label" and have not been evaluated for efficacy and as such **CROSS TIMBERS ANIMAL MEDICAL CENTER** resumes no responsibility for any adverse side-effects they may cause.

SIGNATURE OF OWNER

DATE SIGNED