



**All  
Creatures  
Small**

ANIMAL HOSPITAL

## **AGAINST VETERINARIAN'S MEDICAL RECOMMENDATIONS RELEASE OF LIABILITY**

Date: \_\_\_\_\_

Patient (first name, last name): \_\_\_\_\_

I, the undersigned owner and/or agent for the owner, acknowledge that I have been counseled on the need for annual heartworm testing, and am aware that the manufacturer will not warranty the effectiveness of their product without annual testing.

I also understand that in rare circumstance, if a pet is already positive for heartworm disease and given a preventive medication, a pet can have a serious reaction, including sudden death.

I accept full financial and medical responsibility for my decision, and I release All Creatures Small Animal Hospital and its staff from any wrongdoing if my pet companion has any complications from heartworm medication.

Signature of owner: \_\_\_\_\_ Date:

\_\_\_\_\_

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.