

Important ANNUAL Canine Health and Policy Announcement

At the Howell Veterinary Care Center, our staff is committed to providing you and your canine companions with the absolute best care available! The American Heartworm Society has taken a solid stance on the importance of year round canine heartworm prevention. Not only do these medications protect your precious pup, they also cover the CDC requirements for various other parasites that might even infect YOU!

In the interest of your dog's health, please complete the form below:

Annual testing:

- I would like a heartworm test performed on my dog today
- My dog has already been tested this year
- I have elected not to have a heartworm test performed on my dog today
(Please read and sign the decline below)



WE RECOMMEND A 12 MONTH SUPPLY FOR YEAR ROUND PROTECTION!

Preventative I would like to purchase for my dog:

- Interceptor Plus** Quantity: _____
 - *Our Veterinarian recommended Premier Product!*
 - Prevents: Heartworms, Roundworms, Hookworms, Whipworms, and Tapeworms
- Heartgard Plus** Quantity: _____
 - Prevents: Heartworms, Roundworms, and Hookworms
- My pet is unable to take oral medications, what topical options do I have?
- I have elected not to purchase the recommended preventatives for my pet*
- I already have the following preventative for my dog:*



Name of product: _____ Purchased From: _____ Quantity purchased: _____

*(Please read and sign the decline below)

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INFORMED CONSENT STATEMENT

Date: _____

Client/Owner:
Address: _____

Pet's name: _____

A preventative medicine has been recommended for your canine companion to protect and prevent against Heartworms and other intestinal parasites. By evidence of your signature below, you acknowledge the following:

- I have read the information above and I choose to decline the *recommended* heartworm PREVENTATIVE for my canine companion.
- I have read the information above and I choose to decline the *recommended* heartworm TEST for my canine companion.

Signature _____ Date: ____/____/____

Printed Name: _____ Date: ____/____/____