

North Iredell Animal Hospital
211 Woodpecker Rd., Statesville NC 28625
704-876-2031 Fax 704-876-2034

HEARTWORM TEST/ FECAL TEST/REQUIRED BLOODWORK DECLINE FORM

Client's Name: _____ Pet's Name: _____

HEARTWORM TEST:

I hereby DECLINE a recommended 6 month to yearly heartworm test for my pet _____ (Initials)

I have read and understand the above, accept the risks, and am aware that North Iredell Animal Hospital cannot accept any financial responsibility for paying for or reimbursing me for any treatments required as a result of the use of products purchased for these sources. In the absence of negligence, I agree to hold North Iredell Animal Hospital harmless for any death, deleterious effects or lack of effectiveness of drugs or vaccines purchased from ANY other source. Additionally, the owners of and doctors at North Iredell Animal Hospital will be unable to assist you in claims against those manufacturers.

OWNER: _____

FECAL TEST:

I hereby DECLINE a recommended FECAL FLOTATION/ DIAGNOSTIC LABORATORY FECAL Test(s) for my pet _____ (Initials)

I have read and understand the above, accept the risks, and am aware that North Iredell Animal Hospital cannot accept any financial responsibility for paying for or reimbursing me for any treatments required as a result of the use of products purchased for these sources. In the absence of negligence, I agree to hold North Iredell Animal Hospital harmless for any death, deleterious effects or lack of effectiveness of drugs or vaccines purchased from ANY other source. Additionally, the owners of and doctors at North Iredell Animal Hospital will be unable to assist you in claims against those manufacturers.

OWNER: _____

REQUIRED BLOODWORK:

I hereby DECLINE a REQUIRED BLOODWORK (Thyroid, Phenobarbitol, or _____ Level(s) for my pet _____ (Initials)

I have read and understand the above, accept the risks, and am aware that North Iredell Animal Hospital cannot accept any financial responsibility for paying for or reimbursing me for any treatments required as a result of the use of products purchased for these sources. In the absence of negligence, I agree to hold North Iredell Animal Hospital harmless for any death, deleterious effects or lack of effectiveness of drugs or vaccines purchased from ANY other source. Additionally, the owners of and doctors at North Iredell Animal Hospital will be unable to assist you in claims against those manufacturers.

OWNER: _____