

Hanover Animal Hospital
8251 Crown Colony Parkway
Mechanicsville, Va 23116
804-746-4936

Owner's name: _____

Patient name: _____

Medication: _____

Recommended Bloodwork: _____

I, the owner of the above-named animal, having been fully advised of the importance of routine blood testing for certain medical conditions and maintenance medications, do hereby decline the recommended blood work. I realize that by declining this blood work, I relieve the attending veterinarian and any members of his staff of any liability for any potential side-effects of this medication to include death. I also realize that this medication may not be therapeutic at this dosage without having testing done. **This is to include any adverse side affects or reactions from giving heartworm preventative to an animal that is heartworm positive.**

Owners Signature

Date

Witness

Date