



**MISSOURI VALLEY VET**  
COMMERCE PINEHURST MANDAN

Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Breed: \_\_\_\_\_

Phone #: \_\_\_\_\_

I have declined this clinic's policy to have my animal tested yearly for heartworm disease. I am purchasing the heartworm preventative without testing and do not hold the clinic responsible for any problems or death that may occur with my dog if it has heartworms.

**Heartworm Testing:** ☐ Decline

Signature of Owner or Agent: \_\_\_\_\_

Client Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_