



PET OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

PET NAME: _____

Circle One: MALE FEMALE

BREED: _____

AGE: _____ years/months

COLOR: _____

WEIGHT: _____

I, (owner or authorized agent of owner), certify that I am 18 years old or older and do hereby request and authorize Spay Memphis, through whomever licensed veterinarians and assistants they may designate, to test my dog for heartworms. I fully understand that a physical exam is not being performed and certify to the best of my knowledge that my pet is healthy. I understand that if there are any concerns or problems with said pet, it should be mentioned prior to the heartworm test. I hereby release Spay Memphis, the veterinarians, assistants, the board, volunteers and all of its employees from any claim arising out of or connected with the performance of this procedure. I agree that I have not, nor will not, claim any right to compensation from Spay Memphis, or any associated individual, or file any action from this procedure. I also consent to have my pet photographed and/or videotaped for the purposes of clinic marketing. I have read and understand this authorization and consent.

Signature of owner/authorized agent of owner

Date

- FOR CLINIC USE ONLY -

Heartworm Test: _____

Positive or Negative: _____

Interceptor Size (1 included with NEG HW test): _____