



## Consent for Heartworm Treatment

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Client Name (Please include spouse) : \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: MALE FEMALE

I, being of legal age and responsible for the animal described above, have the authority to grant The KAAWS Clinic, PLLC and its staff members, volunteers or agents my consent to receive, transport, prescribe for, treat and/or perform heartworm treatment procedures upon the animal described above. I have been informed by The KAAWS Clinic that radiographs are recommended prior to treatment and should be performed at a full-service veterinary clinic.

I understand that regardless of the stage of the disease, the three-injection alternative protocol is the treatment of choice of the American Heartworm Society and several university teaching hospitals due to the documented increased safety, benefits and efficacy. Additionally, this protocol requires fewer dogs to be subjected to further treatment.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable heartworm treatment candidate, the procedure will be performed. I further understand the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the absolute discretion of the attending veterinarian. **I understand that mandatory blood work and antibiotic treatment are required prior to treatment.**

I understand that modern techniques and trained staff will be utilized for the care of all animals, and reasonable precautions will be used to prevent injury, escape, or destruction of the animal. It is thoroughly understood that The KAAWS Clinic, PLLC and its staff members, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

**I agree to keep my dog under strict exercise restriction for the course of the entire treatment.** If in the course of treatment, a condition is discovered that requires medical attention, I will be informed and given options for costs and treatment.

### **CLINIC POLICIES:**

>I understand that payment is due at time services provided and no payment plans are offered by KAAWS Clinic. KAAWS only accepts cash, debit cards, Visa, MasterCard, & Discover as forms of payment.

>I understand KAAWS late policy and that I will have to re-schedule my appointment, and lose my deposit if I do not check in by designated times given.

>I understand KAAWS requires a 24 hour advance notice of cancellation and/or reschedule of all appointments from the time of the scheduled appointment(s). By not providing a 24 hour notice from the time of the appointment(s), I understand that I will be financially responsible for a fee that will result in \$10 fee per appointment.

>I understand that KAAWS has the right to refuse service to any client and/or patient for any reason.

>I understand KAAWS will dismiss any patient who attempts to bite, becomes aggressive and/or has behavioral issues that require muzzling, specialized time or attention, equipment, and/or medications for treatment. **AT NO TIME WILL AN OWNER BE ALLOWED TO ATTEMPT TO RESTRAIN THESE PETS FOR SERVICES!**

>I understand KAAWS is not a full service facility and in the case of an unforeseen emergency, my pet(s) may be referred to a full service veterinarian or emergency clinic for additional required treatment that have the available diagnostics, medications, and/or treatments available for these special cases.

>I understand that KAAWS does not provide boarding or grooming services and no pet(s) will be allowed to remain after posted closing hours.

**I understand if I do not provide acceptable proof of Rabies vaccination for my pet, my pet will be given a rabies vaccine at my expense (\$10.00) \_\_\_\_\_ initial**

**ALL ANIMALS MUST BE PICKED UP BEFORE CLOSING TIME (5:00 p.m.). I understand that there will be a late fee of at least \$25 if my pet is not picked up by 5 pm – If pet is not picked up by 5:10 p.m. an ADDITIONAL “per minute” fee will be charged. \_\_\_\_\_ initial**

**If fleas are found on your pet today, a Capstar (24 hour medication to kill fleas) will be administered at your expense (\$5.00 – \$8.00). \_\_\_\_\_ initial**

**Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



## Heartworm Treatment Admission Questionnaire

Client: \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: MALE FEMALE

**Telephone number where we can reach you today:** \_\_\_\_\_

1. How long have you owned your pet? \_\_\_\_\_

2. Has your pet been started on recommended heartworm prevention? YES NO

3. What kind of prevention? \_\_\_\_\_ IVERHART \_\_\_\_\_ ADVANTAGE MULTI

\_\_\_\_\_ HEARTGARD OTHER: \_\_\_\_\_

4. When was the last dose of prevention administered? \_\_\_\_\_

5. When was the last dose of Doxycycline administered? \_\_\_\_\_

6. If your pet female is there a chance she could be pregnant? YES NO

7. Within the last two weeks, are you aware of any change in your pet's:

\_\_\_ Level of activity \_\_\_ Appetite \_\_\_ Water Consumption \_\_\_ No Changes Noticed

8. Within the last two weeks, has your pet displayed any of the following:

\_\_\_ Sneezing \_\_\_ Coughing \_\_\_ Vomiting \_\_\_ Diarrhea \_\_\_ Problems Urinating

\_\_\_ Lethargy \_\_\_ Breathing Difficulty \_\_\_ No Problems Noticed

9. Has your pet ever had a seizure? YES NO

10. Please list ANY history of medical health problems, and/or injuries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has your pet ever had a reaction to any kind of medications, treatments, drugs, and/ or vaccines?

YES NO If yes, list here: \_\_\_\_\_

12. Is your pet currently on flea control? YES NO - What Kind? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Heartworm Treatment Activity Agreement

## Risks of treatment

There is a risk that the immune system will not be able to deal with these worms as they die off and a complication known as thromboembolic disease can develop. Medications such as prednisone may be prescribed prior to treatment based on the individual assessment of each patient. There is less than a 5% chance of a serious complication, but some of these complications can be fatal.

## What side effects can I expect and what are potential warning signs?

The most common sign of a problem will be respiratory difficulty. If your animal appears to be uncomfortable with each breath or is wheezing or coughing, you should bring them to the clinic for an examination. You can expect that the first day to two days after your pet receives the treatment that they will experience some moderate to significant pain. They might pant, or pace uncomfortably. It is not uncommon for them to lose their appetite. They will likely be sore at the site of the injection. These symptoms generally pass after 48 hours at which time your pet should be comfortable and eating normally again.

## What do I need to be doing at home?

After each treatment it is important that you **strictly limit all exercise and excitement** for one month. That means a total of two months of restriction. Anything that will increase your dog's heart rate will increase the risk of a complication.

I agree to **strictly limit all exercise and excitement** for the entirety of the heartworm treatment, even if I am expected to keep my dog confined in a kennel for two to three months, only to be released to urinate/defecate while on a leash. I fully understand the dangers and complications that may occur and accept responsibility if I do not limit activity and excitement.

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Client Signature

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Date