

Belton Veterinary Clinic  
707 W. Loop 121  
Belton, TX 76513  
254-939-1884

Immiticide Treatment Consent Form

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

\*\*\*Please have a current address and phone number on file\*\*\*

Phone numbers where you may be reached at during treatment: \_\_\_\_\_  
\_\_\_\_\_

Is your pet currently showing any signs of illness (vomiting, weight loss, increased thirst, back injury, etc.) other than being heartworm positive? \_\_\_\_\_

Has your pet finished the required medications given by your Veterinarian for the slow kill portion? \_\_\_\_\_

Has your pet had any blood work done within 2 weeks of today? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_  
\_\_\_\_\_

Please know that if your pet has not had a PHS (Pet Health Screen) within 2 weeks of scheduled treatment, we will be performing one before beginning the Immiticide Treatment. You pet will also be coming home with a round of Steroids necessary after treatment is completed. While your pet is staying with, they will be starting the steroids.

I understand that while my pet is at Belton Veterinary Clinic receiving an Immiticide treatment and that there is the possibility of my pet having an allergic reaction. I hereby give Belton Veterinary Clinic the right to treat my pet if said reaction were to happen. I also hereby assume all responsibility for any additional charges that may occur during treatment if my pet is to have a reaction. I also hereby assume financial responsibility for said treatment to be performed on my pet.

Owner's Signature: \_\_\_\_\_

Owner's Name(Printed): \_\_\_\_\_