

# **ProHeart 12 Owner Consent Form**

*For*

*Judd Veterinary Clinic*

*301 E Spring Valley Rd, Hewitt, TX 76643*

Having read the ProHeart® 12 Client Information Sheet, I consent to allow my dog to be administered ProHeart 12. I understand that ProHeart 12 is a medicine used to prevent heartworm disease in dogs continuously for twelve months and to treat common hookworm infections in dogs. My veterinarian has told me about choices for preventing heartworm disease and treating hookworm infections in my dog. I am aware of the possible side effects of ProHeart 12 in dogs including the cautions of administering ProHeart 12 with vaccinations or administering to dogs with history of allergies. These have been explained to me. These side effects include severe allergic reactions, change in activity level, seizures, vomiting, diarrhea, weight loss, bleeding, and bruising. I agree to report any changes in my dog's health status to my veterinarian and to seek appropriate medical attention, if necessary, from my attending veterinarian. I understand this product is subject to restricted distribution and may only be administered by a veterinarian who is trained on the appropriate use of the product.

I, \_\_\_\_\_, have read and understand the information describing this product and all my questions have been answered to my satisfaction by my veterinarian. I am the owner of the dog \_\_\_\_\_ (print dog's name) and now authorize my veterinarian to begin treating my dog with ProHeart 12.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner or Designated Representative

Attending Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

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