



Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ All Kids Card# \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog/Cat Male/Female Spayed/Neutered

Breed \_\_\_\_\_ Birthday \_\_\_\_\_

Heart to Heart is a community outreach project by Clyde's Animal Clinic to aid in the prevention of heartworms in dogs. This service is on a first come first serve basis as supplies and donations are limited. provide your All Kids. An initial heartworm blood test will be performed on each pet. A negative result tells us that your dog does not have mature female pregnant heartworms in the dog's heart or lungs. If your dog has never been on heartworm preventive or has missed doses, they could still have heartworms too young or immature for the test to detect. This is why heartworm preventive must be given every thirty days to keep your pet healthy. Upon your dog's negative test, one dose of heartworm preventive will be administered. You will need to bring your dog in every month to receive their heartworm preventive. The cost of the program is \$5 each month, which covers the diagnostic testing and professional services. The heartworm preventive medications are donated by the manufacturer and some product may be beyond best use dating. I acknowledge, that in no way, hold Clyde's Animal Clinic liable if my dog would become infected while on this program. I understand that it is my responsibility to bring my dog in each month to receive their heartworm preventive as failure to miss even one dose, can result in heartworm disease. Heartworms are carried by mosquitoes and just one bite can cause the infection. Heartworms have been diagnosed in all 50 states and around the world. Heartworms grow up to 12-15" in length and live in the right heart and pulmonary vasculature. If left untreated, heartworm disease is most often fatal.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*Office Use\*\*\*\*\*

Heartworm Test Date _____	Results _____	Additional Info _____
January _____	February _____	
March _____	April _____	
May _____	June _____	
July _____	August _____	
September _____	October _____	
November _____	December _____	

Payment: January\_\_ Feb\_\_ March\_\_ April\_\_ May\_\_ June\_\_ July\_\_ Aug\_\_ Sept\_\_ Oct\_\_ Nov\_\_ Dec\_\_