



Pet Kare Clinic
102 Anglers Drive, Steamboat Springs, CO 80487
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Email: mail@petkarclinic.com
"Happy Pets, Happy People"

Bloodwork Decline Waiver Form

Pet's Name: _____

Medication requested without bloodwork: _____

I understand the risks associated with this medication and why bloodwork is recommended for my pet while on this medication. With this knowledge, I decline to do bloodwork at this time and assume liability for any complications that may arise from this choice. I understand that the decision to bypass bloodwork at this time is contrary to the recommendations of the Pet Kare Clinic, regardless of how frequently or infrequently my pet receives this medication.

This waiver is good for 6 months from this signed date. Pet Kare Clinic highly recommends that bloodwork be done during this time period. If no bloodwork is done within 6 months of this date, we will need to have another waiver signed for more medication to be dispensed.

Signed _____ Date _____

Printed Name _____