

**Harmony Pet Care Flea Protection Waiver**

I \_\_\_\_\_, attest that my cat/dog is on the below mentioned parasite protection:

Cat (please circle)  
Frontline Topspot  
Revolution  
Program Oral  
Program Injectable  
Advantage

Dog (please circle)  
Frontline Topspot  
Sentinel  
Revolution  
Program  
Advantage

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

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**Declining preventative:** It has been explained to me that my pet \_\_\_\_\_ is not protected from fleas/parasites and I decline the prevention offered. I understand that although Harmony Pet Care maintains the highest standards of cleanliness my pet may be at risk. I will not hold Harmony Pet Care liable for any parasite problem that may arise.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

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