

Humane Alliance

A Program of the **ASPCA**[®]

High-Risk Waiver Form

Owner Name: _____ Animal Name: _____

Transport: _____

Veterinarian: _____ Date: _____

Upon examination by one of our veterinarians, your pet was discovered to have:

Recommendation(s): _____

This may represent an increased surgical or anesthetic risk, but the doctor is willing to proceed with surgery, if you so choose.

By signing below I, as the Owner/Agent, acknowledge that the ASPCA/Humane Alliance staff has informed me of the increased risk to my animal as the result of the conditions identified above, and I understand and agree to accept these risks.

I understand that some risks always exist with anesthesia and surgical procedures, and that I am encouraged to discuss any concerns I have about those risks with my regular veterinarian before these procedures are initiated. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. All questions and concerns I have about the risk posed to my animal have been answered to my satisfaction.

Owner/Agent Name: _____

Owner/Agent Signature: _____

Date: _____

OFFICE USE ONLY

Sx Date: ___ / ___ / ___

No Exam – Just Spoke with Owner:

Transport Group: _____