



## High-Risk Waiver Form

Date: \_\_\_\_\_ Owner Name: \_\_\_\_\_ Animal Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

- be geriatric (specific details) \_\_\_\_\_
- test Positive for Heartworms \_\_\_\_\_
- be Brachycephalic (short nose)
- Other \_\_\_\_\_

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 Jazzy Paw, Inc. 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **BELOW FOR CLINIC USE ONLY:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Spoke with Owner  In Person  via Phone Owners concerns (if any): \_\_\_\_\_

Proceed with Surgery  YES  NO

Staff Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_