

High Risk Consent Form

Date_____ Pet's Name_____

I have been informed that my pet has a medical condition that could potentially increase the risks of anesthesia, surgery and recovery.

These added risks include: prolonged anesthetic recovery time, worsening of medical condition, prolonged healing time and death.

The medical condition and its specific risks have been explained to me in full.

I also agree that should complications arise costs of such complications related to this condition are my financial responsibility.

Specific Medical Condition:

Signature of Owner:

By signing this, I acknowledge that I am the owner or that I have full decision making ability as pertains to the above pet.