



SPAY/NEUTER

2002 West Superior Street

Duluth, MN 55806

T: (218)-623-6342

F: (218)-623-6719

E: medical@northlandspayneuter.org

Animal ID #
(Office Use Only)

HIGH RISK WAIVER/RELEASE FORM

Date of Surgery

Owner's First Name

Owner's Last Name

Animal's Name

Transport (If Applicable)

Examining Veterinarian

Upon examination by our attending veterinarian, your pet was discovered to have: _____

Recommendation(s): _____

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

Carefully read and ensure you understand all the information of this agreement before signing your name.

By signing below I, acting as owner or agent for the Animal named above, acknowledge that the Twin Ports Spay/Neuter staff has informed me of the increased risk to the 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 full-service 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 the Animal have been answered to my satisfaction.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS IN THE HIGH RISK WAIVER FORM AND ANY ATTACHED AGREEMENTS

Owner/ Agent Name Printed

Owner/Agent Signature

Date

Witness for Twin Ports Spay/Neuter

Date

Sx Date: ____/____/____

FOR OFFICE USE ONLY

No Exam – Just Spoke with Owner

Initials: _____

Owner/Transport Group (If Applicable): _____