



3528 Newburg Rd, Louisville, KY 40218  
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**HIGH RISK WAIVER FORM**

Owner Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

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

Upon examination by the veterinarian, your pet was discovered to have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 Tail-End Vetcare's 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 a 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

Proceed with Surgery?  YES  NO

Owners concerns (if any): \_\_\_\_\_

\_\_\_\_\_

Staff Print & Signature: \_\_\_\_\_

Witness Print & Signature: \_\_\_\_\_