

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

Transport: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

I understand that some risks always exist with surgery and anesthesia and that these findings indicate that the animal may be at an increased risk for surgery and anesthesia.

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 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 and/or forgo recommendations for pre-surgical testing and proceed with spay/neuter surgery.

By doing so, I acknowledge that any additional issues, complications or costs associated with proceeding with this anesthesia/surgery are my responsibility.

I accept 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: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Sx Date: ___ / ___ / ___	Owner/agent absent – all points confirmed over phone: <input type="checkbox"/>
	Vet tech initials: _____
Transport Group: _____	