



Petmobile Pet Hospital
 608 W. I -30 E., Suite 411
 Garland, TX 75043
 Phone: (972) 423-7387
 E. S. Henson, DVM, PC
 www.petmobile.com



Release of Liability Heartworm Positive Waiver

Date: _____

I understand my pet (pet's name) _____ has tested positive for the presence of heartworms.

I give my consent for Petmobile's veterinarian to sedate or anesthetize the above named for the purpose of performing a specific medical procedure.

I understand that my pet is a higher risk anesthesia patient due to the heartworms disease.

I hereby agree to absolve Petmobile Pet Hospital, E.S. Henson, DVM, PC, and any officers or employees of these corporate entities, of responsibility for any complications occurring as a result of this procedure.

I am the owner (or owner's authorized agent) of this pet.

 Owner (or owner's authorized agent) signature

 Date:

 Owner (or owner's authorized agent) printed name

 Witness Signature

 Date:

 Witness printed name