



SENECA ANIMAL HOSPITAL, PA
 104 RETURN CHURCH ROAD SENECA, SC 29678
 864.882.8747 FAX 864.882.7300
 www.MySenecaAnimalHospital.com

SURGERY ADMITTING/CONSENT FORM

PET'S NAME: _____ OWNER'S NAME: _____

PET HISTORY:

Yes No

Is your pet on heartworm preventive? What Brand? _____
 Date of Last dose _____

Has your pet been checked for intestinal parasites in the last 6 months?

Is your pet allergic to any drugs? If yes _____

Has your pet had any illness/trauma (vomiting/diarrhea, coughing, accident) in the past 30 days?

If yes, describe _____

Does your pet have any history of seizures or previous anesthetic problems?

If yes, describe _____

List current medications (OTC or prescription) in last 10-14 days and date/time of last dose: (aspirin, etc.)

*When did your pet eat last? Date/Time? _____

Procedure to be performed: (Spay) (Neuter) (Dental) (Tumor Removal) Other: _____

Spay: Removal of ovaries and uterus through an incision on the midline abdomen.

Neuter: Removal of testicles through in incision above the scrotum.

Spay/Neuter with Low Cost Certificate YES NO SNAC OCHS Cert # _____

CATS ONLY: Notch left ear? YES NO

OTHER NOTES:

Box below is for Veterinary use only.

Pre-op Exam: Temp: _____ Weight: _____

N Ab

- Heart/Lungs _____
- Ears _____
- Teeth _____
- Skin _____
- Nails _____
- Urogenital _____
- Musculoskeletal _____
- Lumps present? _____
- Umbilical Hernia Present? _____

Admitting Dr/Tech Initials _____



REQUESTS/WAIVERS FOR SURGICAL PROCEDURES

Listed below are additional services we offer to reduce anesthetic risks, aid recovery and add convenience.

We recommend a blood profile screening before anesthesia and surgery because some conditions may not be evident on physical exam alone. Anesthetic agents affect many organs. Most anesthetic drugs are removed from the body by the liver and kidneys therefore it is important that these organs are healthy. The latest technology lets us run safe, accurate blood chemistries before anesthetic induction. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill. It is important to understand that pre-surgical blood profile screening does not guarantee that your pet will not have an anesthetic reaction or complication. It may, however, greatly reduce the risk of complications. The staff and doctors will be happy to assist with any questions or concerns you may have.

Please check yes for vaccines/tests that need to be updated today or no for vaccines/tests that are currently up to date.

	Yes No
Cats:	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Purevax Rabies (\$18.00)	
<input type="checkbox"/> Purevax FVRCP (\$20.00)	
<input type="checkbox"/> Purevax Leukemia (\$20.00)	
<input type="checkbox"/> FeLV/FIV test (\$27.00)	
<input type="checkbox"/> Fecal test (\$21.00)	

	Yes No
Dogs:	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Rabies (\$9.50)	
<input type="checkbox"/> DA2PP (\$20.00)	
<input type="checkbox"/> Bordetella (\$16.00)	
<input type="checkbox"/> Leptospirosis (\$18.00)	
<input type="checkbox"/> Rattlesnake (\$20.00)	
<input type="checkbox"/> Influenza (\$24.00)	
<input type="checkbox"/> Heartworm test (\$20.50)	
<input type="checkbox"/> Fecal test (\$21.00)	

Vaccination Decline: "I understand that state law requires rabies vaccination for all pets. I decline vaccination at this time because vaccinations have been given elsewhere and are current. If my pet bites another animal or person while at this veterinary clinic, I can and will provide written evidence of a current rabies vaccination within 24 hours of notification to do so."
 Owner Signature: _____

Pre Surgical Blood Profile 1: includes: PCV and Total Solids (assesses anemia-red blood cell count), Creatinine (kidney), BUN (kidney/hydration), ALT (liver), Glucose (sugar), Na, Cl, K (electrolytes). **STRONGLY RECOMMENDED FOR PETS 5 YEARS AND OLDER.** -This helps us determine the best Anesthetic protocol for your pet.
\$56.00 Accept [] * Decline []

Pre Surgical Blood Profile 2: Recommended for patients 7 years of age and up with questionable health status. Includes all tests in Pre Surgical blood profile 1, **PLUS** a Complete Blood Count (anemia-red blood cell count, infection, clotting) -**This helps us determine the best Anesthetic protocol for your pet.**
\$72.00 Accept [] *Decline []

Intravenous Catheterization: In the event of an emergency, a pre-placed intravenous catheter allows more rapid administration of (IV) fluids and potentially lifesaving drugs. **REQUIRED** for any pet 7 years or older or having 2 or more procedures. **Included in canine spay and neuter procedures (Excluding certificates)**
\$22.75 Accept [] *Decline []

Home Again Microchip: What would you do if your pet got lost? Microchipping is designed to increase even further the chance of reuniting you with your lost pet. Please ask about additional services provided with your Home Again membership.
\$45.00 Accept [] *Decline []

Hidden Sutures: Closure of the skin is performed with subcutaneous sutures ("hidden sutures"), which dissolve over time, eliminating the need for a return visit to have external skin sutures removed.
\$15.00 Accept [] *Decline []

Take Home Pain Medications: In addition to the pre-op pain medication your pet receives here at the clinic, we offer you the option to continue this treatment at home to aid in your pet's comfort, and healing after his/her surgical procedure.
\$ 11.00 Accept [] *Decline []

Elizabethan Collars: This collar can keep your pet from licking or biting at their incision sites. Prices depend on the size of the collar.
\$7.40-\$16.40 Accept [] *Decline []

Histopathology (for tumor removals): Lumps are submitted to the lab for microscopic analysis. This will help use determine what the lump is comprised of and if clean margins were obtained.
\$110-\$160 Accept [] *Decline []

***I have elected to refuse the recommended pre-anesthetic screening(s) at this time, and request you proceed with anesthesia. I fully understand that a medical condition may exist which could be impossible to identify during physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.**

Owner Signature _____ Date _____

I have read the foregoing, understand what it says, and agree to elected treatments.

Pet's Owner/Agent Signature _____ Date _____

RELEASE OF RESPONSIBILITY & FINANCIAL OBLIGATIONS

I am the owner or authorized agent for the pet presented for surgery/hospitalization and have the authority to execute this consent. I have been advised of the nature of the services and procedures to be performed. You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections); and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone numbers, you are directed to make the decision you deem best for my pet.

I understand that Seneca Animal Hospital, PA is not staffed twenty-four (24) hours a day, and after-hours treatment of patients is at the discretion of the veterinarian.

I understand and assume full financial responsibility for all charges accrued. I understand that my pet will be considered abandoned if the clinic has not heard from me within ten (10) days of the expected date of discharge. The clinic is then authorized to care for my pet as they deem best, including euthanasia (putting to sleep), and I am still financially responsible for all charges accrued.

***If your pet is pregnant or in heat there will be an additional fee of \$31.50 for cats, and \$40.00 for dogs under 40lbs. and \$52.50 for dogs over 40lbs. Cryptorchid (retained testicle) and overweight animals may incur an additional fee at the discretion of the surgeon.**

I have read the foregoing, understand what it says, and agree.

Phone Number Where I Can Be Reached **TODAY**

Work #

Mobile Phone #

Date

Pet's Owner/Agent Signature

Clinic Witness Admitting Pet

Surgical Consent for Dental Prophylaxis

Pets Name _____ Owner's Name _____

When doing teeth cleaning procedures there are times that additional problems are detected that were not visible during the oral exam. Oral exams without sedation can often be limited in their thoroughness by unruly patients, calculus build-up that obscures the tooth and gums, and mouth pain. Once the pet is under sedation or anesthesia the doctor can see the mouth more clearly and may find problems that were not previously noted. Some gum problems cannot be diagnosed until they have been explored with a dental instrument. In such cases we will need prior permission on how you want us to handle the disease condition. Please initial by each choice that applies:

_____ Please treat my pet as the Doctor sees fit, I do not need to be called before continuing treatment.

_____ Please treat my pet but only up to \$ _____. If it is going to go over this amount please call before doing any further treatments.

_____ Please call before doing any additional treatments on my pet that I have not already agreed to.

Phone number where owner can be reached all day _____ this is very important so that we can reach you right away and do not have to make patient wait.

Alternate name and phone number for someone who can make decisions

Name _____ phone number _____

In the case that we cannot reach you and pet is under anesthesia:

_____ Please keep trying and do not do any treatments without speaking to me

_____ Please treat my pet as Doctor sees fit

_____ Please treat my pet with only bare minimum

The amount of time we will allow the patient to remain under anesthesia is at the doctor's discretion and is based on the patient's cardiovascular stability.

Signature _____ Date _____