

Surgery Admitting and Consent Form



Date: _____ **Pet's Name:** _____ **Species:** _____
Breed: _____ **Age:** _____
Client First & Last Name: _____

Procedure to Be Formed (check all that apply)

Spay Neuter Dental Tumor/Mass Removal Other: _____

Pet History

1. Is your pet on heartworm prevention?
 No Yes: What Brand: _____ Date of Last Dose: _____
2. Is your pet allergic to any drugs?
 No Yes: Which Drugs: _____
3. Does your pet have any history of seizures or previous anesthetic problems?
 No Yes: Please Explain: _____
4. Do you have any other concerns about your pet's health today?
 No Yes: Please Explain: _____
5. List all current medications, including OTC, taken within the last 10-14 days. Include the date & time of the last dose.
 Please List: _____
6. When did your pet last eat? (Date/Time):

1. Do you have a SNAC or OCHS certificate for your pet's spay or neuter? No Yes

2. *****By signing this form, I acknowledge that understand that there is an additional fee for in-heat, pregnant, or cryptorchid animals. (This is NOT covered by SNAC/OCHS vouchers).

3. *****Rabies Requirement: By signing this form, I understand that under South Carolina Code of Law (Section 47-5 Rabies Control): "A pet (Dog, Cat, Ferret) owner must have his pet inoculated against rabies at a frequency to provide continuous protection of the pet from rabies using a vaccine approved by the department and licensed by the United States Department of Agriculture." (Section 47-5-60)

4. Is your pet due for or in need of any other vaccines or preventative care today? **Please select yes or no:**

CATS

YES / NO	Vaccine & Cost
<input type="checkbox"/> <input type="checkbox"/>	PureVax Rabies (1 Yr).....\$28.00
<input type="checkbox"/> <input type="checkbox"/>	RCP.....\$20.00
<input type="checkbox"/> <input type="checkbox"/>	Feline Leukemia (FeLV).....\$20.00
<input type="checkbox"/> <input type="checkbox"/>	FeLV / FIV Combo Test.....\$36.50
<input type="checkbox"/> <input type="checkbox"/>	Intestinal Parasite Test (Fecal)...\$27.00

DOGS

YES / NO	Vaccine
<input type="checkbox"/> <input type="checkbox"/>	Rabies.....\$15.00
<input type="checkbox"/> <input type="checkbox"/>	DA2PP.....\$30.00
<input type="checkbox"/> <input type="checkbox"/>	Leptospirosis.....\$18.00
<input type="checkbox"/> <input type="checkbox"/>	Bordetella.....\$16.00
<input type="checkbox"/> <input type="checkbox"/>	Canine Influenza Combo.....\$30.00
<input type="checkbox"/> <input type="checkbox"/>	Rattlesnake.....\$20.00
<input type="checkbox"/> <input type="checkbox"/>	Heartworm Test.....\$24.00
<input type="checkbox"/> <input type="checkbox"/>	Intestinal Parasite Test (Fecal)...\$27.00

Staff Only

SNAC Cert #: _____ OCHS Cert #: _____ **Staff Initials:** _____
 Weight: _____ lbs. Temp: _____ °F

Requests/Waivers for Additional Surgical Services

Listed below are additional services we utilize or offer to reduce anesthetic risks, aid recovery, and add convenience. The staff and doctors are happy to assist with any questions or concerns you may have.

1. **Pre-Surgical Blood Profile** (\$65.00 in addition to the cost of the surgical procedure)

Blood profile screening is recommended before anesthetic and surgical procedures because some conditions may not be evident on a physical exam alone. Anesthetic agents can affect many organs. Most anesthetic drugs are removed from the body by the liver and kidneys, therefore these organs must remain as healthy as possible. The blood tests are similar to those your physician would run before you were to undergo anesthesia; **checking liver, kidney, and electrolyte values.** In addition, the results will serve as reference values for future use should your pet become ill. We strongly recommend pre-op surgical bloodwork for all patients; however, it is important to understand that a 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.

Accept Decline

2. **HomeAgain Microchip** (\$51.50 in addition to the cost of the surgical procedure)

Microchipping is designed to increase the chance of reuniting you with your lost pet.

Accept If yes, email required for registration: _____

Decline

Decline – My Pet is Already Microchipped

Unsure – Scan My Pet for a Microchip First

3. **Elizabethan Collars/E-Collars/Cones** (\$9.40 to \$31.20 in addition to the cost of the surgical procedure)

STRONGLY RECOMMENDED. This collar will help prevent your pet from licking or chewing at incision site. Price varies with size.

Accept

Decline – I have an Elizabethan collar at home

4. **Tumor/Mass Histopathology/Biopsy** (\$150.00 to \$275.00 in addition to the cost of the surgical procedure)

FOR TUMOR/MASS REMOVALS ONLY. Tumors are submitted to the lab for analysis. This aids in determination of the type of tumor and if clean margins were obtained. Price variation is based on the quantity and location of masses submitted.

Accept Decline Only if Doctor Recommended

5. **Optional Medication** (\$15.00 to \$86.00 in addition to the cost of the surgical procedure)

We offer additional medications to help with comfort and healing at home. We strongly recommend these medications for most procedures. Recommendations will be made based on the doctor's discretion.

Accept Antibiotics – If Doctor Recommended Decline

Accept Calming Medication – If Doctor Recommended Decline

*****By initialing at the bottom of this page. I acknowledge that I have read and understand the above. I understand the risks of declining some/all additional services and agree to the ones I have accepted.**

Required Medication/Services

1. **Pain Medications** (\$15.00 - \$31.00 in addition to the cost of the surgical procedure)

*****By signing this form, I understand pain medications are required by Seneca Animal Hospital and will result in an additional cost to the surgical procedure and are NOT covered by SNAC/OCHS vouchers.

2. **Intravenous Catheters** (Included in the cost of most surgical procedures)

*****By signing this form, I understand that IV catheterization is required by Seneca Animal Hospital, with the exception of routine feline neuters. I understand that in the event of an emergency, a pre-place IV catheter allows for more rapid administration of fluids and potentially life-saving drugs. I understand that if an emergency arises during a feline neuter, an IV catheter will be placed. **Additionally, I understand that my pet will be shaved at the site of the catheter so that it may be placed using sterile technique.**

Release of Responsibility and Financial Obligations

I am the owner, or authorized representative, 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. Seneca Animal Hospital, PA (SAH) is to use all reasonable precautions against injury, escape, or death of <animal>. By signing below, I acknowledge that I understand the following:

1. I understand that anesthesia and surgery always involve some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infection).
2. I agree to hold Seneca Animal Hospital harmless, in the absence of negligence, in connection with these procedures.
3. I acknowledge that no guarantee or assurance can be made to me as to the results that may be obtained. I understand that in the vent complications arise and I cannot be immediately contacted at the phone numbers listed below, SAH id direct to make the decision(s) deemed best for my pet.
4. I understand that surgical order is based on pre-operative exams of all patients. More critical, or emergent, cases are prioritized first, while stable patients and routine surgeries are done later. This means your pet's procedure may not be done until the afternoon.
5. I understand that I will be notified once the procedure is done or contacted by SAH staff to address any questions or concerns.
6. I understand that Seneca Animal Hospital, PA is NOT staffed twenty-four (24) hours a day and that after-hours treatment of patients is at the discretion of the doctor.
7. I understand and assume full financial responsibility for all charges accrued. I understand that my pet will be considered abandoned if SAH has not heard from me within ten (10) days of the expected date of discharge. SAH is then authorized to care for my pet as deemed best, including euthanasia. I understand that I am still financially responsible for all charges.
8. I understand that if you cannot reach me within 15 minutes, my pet will be treated as the doctor see fit with the bare minimum. I understand that the amount of time that SAH allows patients to remain under anesthesia is at the doctor's discretion and is based on the patient's cardiovascular and overall stability.

***Client or Representative Signature**

Date:

Day-Of-Procedure Contact Information

Best phone number where I can be reached *the day of the procedure*: () -

Alternate phone number: () -

Your pet's health and care will always be our number one priority. Please alert our staff if you have any questions or concerns. Thank you, Seneca Animal Hospital