



199 Willow Run Rd.
 Aiken, SC 29801
 (803)648-6864

Type of Surgery: _____
 W: _____ lbs.

Surgery Admission and Consent Form:

Date of Surgery: _____
 Owner's Last Name: _____
 Owner's First Name: _____
 Address: _____
 _____ Apt. # _____
 City: _____ State: _____
 Zip Code: _____
 Primary Phone Number: _____
 Secondary Phone Number: _____
 E-mail Address: _____

Pet's Name: _____
 Dog/Cat Gender: M/F Age/DOB: _____
 Breed: _____
 Color: _____
 Has the animal been hospitalized or treated for any medical condition in the past month? Yes/No
 If yes please explain: _____

 Is the animal currently on any medication? Yes/No
 If yes, what medicine & when was last dose:

Please read carefully, and *initial* each item as acknowledgement you understand the following:

(All statements must be read and initialed or the performing veterinarian, at their own discretion, may refuse procedures or services.)

_____ I, being of legal age and acting as the owner or agent of the animal described above, hereby request and authorize the SPCA Albrecht Veterinary Care Center, through whomever veterinarians they may designate, to perform surgery on the animal described on the above portion of this form. To the best of my knowledge, I certify that my animal is in good health, is showing no outward signs of illness and has had no food since 12:00 midnight the evening prior to date of this surgery. I understand that modern surgical techniques, approved materials, and trained staff will be used to care for all animals and all reasonable precautions will be used against injury, escape or destruction of the animal.

_____ I understand that the operation I have elected and the use of anesthetic agents, even under the most optimal setting, is never without risks and that injury to, or death of, an animal may conceivably result as a result of any surgical procedure. It is thoroughly understood that the SPCA, its staff and agents will not be held liable or responsible in any manner and I assume all risks. I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, feline immunodeficiency virus, feline leukemia virus, heartworms, liver disease, kidney disease, etc. The SPCA recommends and offers pre-surgical bloodwork for all animals prior to undergoing an anesthetic event. This is strongly encouraged for all pets, especially those 7 years of age and older, or pets with a known underlying medical condition.

Pre-Anesthetic Mini Panel Blood Work
 Accept Bloodwork _____ \$60 Decline Bloodwork _____

Full Body System Panel Blood Work
 Accept Bloodwork _____ \$105 Decline Bloodwork _____

_____ I understand that if in the course of treatment, a condition is discovered which requires additional medical attention including, but not limited to the administration of IV fluids, antibiotics, antiarrhythmic medications, flea infestations, intestinal parasites, etc., the attending veterinarian may, in his/her absolute discretion, administer or prescribe necessary treatment. I also understand that I will be expected to pay any and all additional charges accrued for such treatments. I understand that I may be charged additional fees associated with non-routine procedures such as pregnancy, in heat spay, cryptorchid male (male with one or both undescended testicles), tooth extractions (during dentals) and I agree to pay all associated charges. In the event my pet is found to be cryptorchid, the undescended testicle(s) will be removed from the closest and safest location possible. This includes the possibility of multiple incisions, as well as an abdominal incision depending on location of the testicles.

_____ I understand that if my dog is found to be aggressive during the pre-op exam, that I will be charged an "Aggressive Handling" fee starting at \$25, which will include an E-collar and take home sedatives. I understand that a complete physical examination may not be performed prior to surgery if the animal is deemed unsafe for staff to handle. I understand that the attending veterinarian(s) can refuse to perform any procedure on any animal for any reason. Such refusals are at the sole discretion of the attending veterinarian.

_____ Any cat brought in for sterilization procedure in a feral cat trap will receive a mandatory, non-negotiable ear tip of the left ear. This ear tip is a universal symbol of sterilization used to identify cats that have already been altered should this cat become trapped in the future. All animals spayed/neutered at the SPCA receive a mandatory tattoo which serves as a permanent indicator to other veterinary and shelter personnel that your pet has been sterilized. This tattoo will appear as a single green line that is placed in close proximity to the surgery site. (Some veterinarians may place the tattoo on the abdomen of a male cat rather than near the scrotum.)

_____ The SPCA Veterinary Care Center recommends that an e-collar is worn by all dogs and cats for 10 days following any surgical procedure. Appropriate use of an e-collar greatly reduces the chance of infection and/or opening the surgery site by licking. The SPCA Veterinary Care Center offers e-collars for all surgical patients at an additional charge of \$10.00. The SPCA will not be held responsible for any problems caused by a pet licking their incision as the problems can be prevented through purchase and use of an appropriately sized e-collar.

Please choose one of the following and initial:
Accept purchase of E-collar _____ \$10 Decline purchase of E-collar _____

_____ I understand that the SPCA Albrecht Veterinary Care Center recommends my animal be fully vaccinated with DHPP/FVRCP series, rabies (any animal 12 weeks of age and older), and Bordetella vaccine for canines, with completion of the series being at least 2 weeks prior to being admitted for any surgical procedure. I understand that if my pet is not up-to-date on recommended annual vaccinations, that I may request the vaccinations be given at the time of surgery. I understand, however, that it takes a minimum of 2 weeks after administration of a vaccination for the vaccine to become protective for my pet and that my pet is at increased risk of contracting infectious diseases since not vaccinated prior to the procedure. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I release the SPCA Albrecht Veterinary Care Center from liability if my pet shows signs of infectious disease post-operatively. I understand that in the event that my animal contracts an illness following the procedure performed at the SPCA, I will be responsible for any and all medical treatment and expenses incurred to treat such illness.

_____ I understand that all animals must be picked up from the veterinary care center at 3:30pm or the time designated by the clinic staff on the same day of the surgical procedure; unless other arrangements have been made with the clinic manager prior to the date of such procedure. I understand there is a late fee of \$15 after 4:15pm, animals left at the Veterinary Care Center after 4:30pm will be charged a boarding fee of no less than \$50 per night. Animals left for 10 days will be considered abandoned and will become property of the SPCA Albrecht Center for Animal Welfare in accordance with our policies. I understand that once an animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

I hereby release the SPCA Albrecht Center, all veterinarians, veterinary technicians, assistants, volunteers, directors and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not, and will not, claim any right of compensation from the SPCA or affiliated individuals working for the SPCA, or file action by reason of such surgical procedure of the above animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold the SPCA Albrecht Center harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

Requested Vaccines for Dogs:

- Rabies (Required Yearly) \$12
- Dog Distemper/ Parvo (Required Yearly) \$15
- Kennel Cough (Bordetella) \$17
- Heartworm Test \$25

Requested Vaccines for Cats:

- Rabies (Required Yearly) \$12
- Feline Distemper (Required Yearly) \$15
- Feline Leukemia (Testing Require \$20
- FELV/FIV Test \$28

Other Requested Services:

- Microchip \$25
- Nails (Half Price) \$9
- Routine Ear Cleaning \$25
- Deworming (Price Varies)
- Triheart for Dogs (Price Varies) _____
- Nexgard for Dogs (Price Varies) _____
- Advantage Multi for Dogs (Price Varies) _____
- Advantage Multi for Cats (Price Varies) _____
- Sedative Package (Price Varies)

I certify that I am of legal age of 18 or older, and that I have read, understand and will agree to comply with all conditions listed above.

Signature

Date