Shippensburg Animal Hospital PC
Shippensburg, Mt. Rock, and Allen Road
Canine Special Procedure Consent Form

Client Name: _____ Pet Name: _____

Procedure:

_____ Tumor Removal – Biopsy Yes / No
If the doctor thinks a laser procedure would be beneficial, can we use it? Yes / No
_____ X-Ray with sedation
_____ OFA X-rays
_____ Diagnostic Work-up
_____ Abdominal Exploratory
_____ Cruciate Ligament Repair
_____ Fracture Repair
_____ Other Orthopedic _____
_____ Other Soft Tissue _____

I have received an estimate for the procedures to be performed and understand I will be responsible for them according to the policy explained below. _____ (initial) The range on the estimate that I received was _____.

Other Treatments or Procedures

1. May we treat ear problems and/or get ear medications for your pet? Yes / No

2. Has your pet ever been dewormed? Yes / No If No, may we send home dewormer? Yes / No

3. All animals found to have any ectoparasites (fleas) will be treated in the hospital with a short acting medication. Would you like us to dispense a longer acting medication such as advantage, frontline, or revolution? Yes / No

4. Is your pet current on vaccines? Yes / No If no, please give the following:

_____ DHLPPV-C	_____ Rabies vaccine	_____ Fecal Analysis _____ Apply topical flea
_____ Bordetella	_____ Heartworm test	_____ Dispense Interceptor / Sentinel / Revolution x ____
_____ Lymes vaccine	_____ Lyme/Heartworm/Erhlichia test	_____ Dispense Advantage / Frontline / Advantix x _____

Surgical Options:

Yes / No (Circle One) Were are concerned about your dog's upcoming anesthesia and surgical procedure, therefore, we encourage you to have a pre surgical blood screen before anesthesia. This screen checks for anemia, as well as liver and kidney function. Animals could be suffering from these problems without showing any outward signs. If there are any abnormalities, we will call you immediately.

Yes / No (Circle One) After surgery pets experience pain. We would like your permission to administer pain medication, at an additional cost, to alleviate discomfort and help your pet rest more comfortably if it becomes necessary.

Yes / No (Circle One) Would you like us to send home medication to continue to control any pain your dog may have at home?

Surgical & Anesthesia Consent

I hereby authorize the Shippensburg Animal Hospital PC to perform the above procedure(s) and to administer anesthesia to my pet(s). I am aware there are risks involved and, in rare cases, complications may occur which will be treated in a prompt and aggressive manner. I also realize that no guarantee, nor warranty, can ethically or professionally be made regarding the results or cure.

I understand that I assume financial responsibility for all services rendered and that payment is due at the time of discharge.

_____ _____
Owner or agent of owner signature Date

Phone number WHERE YOU CAN BE REACHED today: _____

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