Humane Society of Huron Valley
VETERINARY CLINIC

# Surgical Procedure Form

**(Office use only)** Animal ID #:

Date:

**Your First Name**_____ **Your Last Name**_____ **Circle One:** CAT DOG OTHER

**Your Pet's Name**_____ **Pet's date of birth**_____ **Circle One:** MALE FEMALE

**Pet's Breed**_____ **Pet's Color**_____

**Address**_____ **City**_____ **State**_____ **ZIP**_____

**Phone Number (where we can reach you TODAY)** _____ **Alternate Phone Number** _____

**Email Address**_____

**The Humane Society of Huron Valley uses qualified staff & approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery.**
**Carefully read and ensure you understand the following before signing your name:**

**Procedure to be performed:** _____

I, acting as owner or agent of the pet named above, hereby request and authorize the Humane Society of Huron Valley, through whomever veterinarians they may designate, to perform an operation for the animal named on the above portion of this form. **INITIAL BELOW**

- I understand that the operation or procedure presents some hazards and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure and some risk in the use of anesthetics and drugs provided for the procedure.
- I understand that some factors significantly increase surgical risk, including but not limited to: diseases such as Feline Immunodeficiency Virus (FIV), Feline Leukemia Virus (FeLV), obesity, and heartworms or heart disease.
- I understand that the HSHV Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I either certify that my animal has been vaccinated within 1 year prior to this date, or request recommended/required vaccinations at the time of surgery. I understand that it takes up to 2 weeks for vaccinations to protect my animal. 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 understand that if my pet develops kennel cough or URI after surgery, I am responsible for treatment at my own cost.
- I understand that it is in my animal's best interest to have blood work performed and that a chemistry panel is **REQUIRED** for animals that are 7 years and older.
- I certify that my animal has had no food since 12:00 midnight the evening prior to surgery.
- I understand that my animal will receive a free toe nail trim while under sedation unless I request otherwise.
- I understand that if live fleas are found on my animal I will be charged a **$5 fee** (at time of pickup) for Capstar medication given to keep the surgical site sterile and free of fleas.
- I understand that CPR will be performed on my pet in the event of a medical emergency unless I authorize otherwise. (See Second Page for Details)

I hereby release the Humane Society of Huron Valley, all veterinarians, 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 them, or any of them, or file action by reason of such procedure of such animal or any consequences related thereto. Owner/ agent hereby agrees to indemnify and hold Humane Society of Huron Valley 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 and Services **: * required service w/out proof of vaccination administration** ****A negative test is required before**

**Dogs:**
- Rabies 1 Year $30***or** 3 Year $45*
- Distemper booster **or** 1 year $30*
- Distemper 3 Year $45*
- Leptospirosis booster **or** 1 year $25 (or $0 w/Distemper)
- Bordetella (Kennel cough) $31-35
- Canine Flu booster **or** 1 year $30
- Heartworm Test (Dogs) $37

**Cats:**
- Rabies PureVax 1yr $45*
- Rabies PureVax 3yr $115*
- Distemper booster **or** 1 year $30*
- Distemper 3 Year $45*
- FeLV PureVax booster **or** 1 year $30**
- FeLV/FIV/HWT Test $42

**Dogs AND Cats:**
- Microchip $30
- Fecal Test $46 (must have sample collected w/in 24 hrs of arrival)

**Bloodwork**: (required on animals 7 years or older)
- Full Chemistry Panel $188
- Pre-Anesthetic Panel $150

**I would like to donate to help keep surgeries affordable and save lives in my community $**_____

_____ _____
**SIGNATURE** **DATE**

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# Resuscitation Directive Consent Form

Your pet is being hospitalized for a procedure that requires anesthesia. In the event your pet experiences cardiac arrest (heart stops beating), respiratory arrest (stops breathing) or other life-threatening emergency that requires resuscitative or other urgent care measures, HSHV's team will perform CPR unless I elect otherwise.

- **CPR** stands for **C**ardio **P**ulmonary **R**esuscitation. CPR is the attempt to resuscitate (revive) a pet who has stopped breathing or whose heart has stopped beating.
- **DNR** stands for **D**o **N**ot **R**esuscitate. This means that if a pet stops breathing or their heart stops beating, no effort will be made to attempt to revive the pet, and the pet will die.

**Animals that have been successfully resuscitated are extremely critical and unstable.** There is a high possibility that an animal may rearrest following initial resuscitation efforts. Following a successful resuscitation, brain damage is possible due to temporary lack of oxygen to the brain, which can result in physical and/or mental disabilities.

**Management of a pet after successful initial resuscitation requires vigilant monitoring for 24 to 48 hours** which is beyond the capabilities of Humane Society of Huron Valley. If your pet requires CPR and resuscitation efforts are successful, your pet will be discharged into your care once your pet is stable. It is advised that you seek care and monitoring at a 24-hour emergency/specialty care veterinary hospital at your expense.

I have read and understand the above terms and information. I authorize CPR and/or other life-saving treatment. I understand this may result in additional charges which I agree to pay for and may exceed any estimate I may have been previously provided.

I understand resuscitation efforts may not be successful. I understand if resuscitation is successful my pet may suffer another arrest later and/or may suffer brain damage.

**If you do not want CPR performed on your pet, there is a separate DNR Authorization form to be filled out and you can either:

- Ask staff for it upon Check-in the morning of surgery
- Find it on our website at hshv.org/checkin
- Call or text us at 734-662-4365
- Email us at clinic@hshv.org