**Beatrice Humane Society Lifesaving Surgery Program**

**Protocol for Referring Veterinarians**

The Beatrice Humane Society offers a one-time per pet per pets’ lifetime surgical procedure program to help bridge the gap between pets needing unaffordable veterinary care and the veterinarian that are entrusted to care for them. This program is not intended to replace the primary veterinarian’s role in the care of the pet, rather support that by helping owners access lifesaving and quality of life improving care for cats and dogs that they can’t otherwise afford and allow this pet to continue seeing their primary veterinarian for many years to come.

All options for care at the primary vet including grants, payment plans, scratch pay or care credit should be exhausted prior to referral for this program.

**Surgery Program Procedures:**

1. **Referring Veterinarian Expectations:**
	* **Diagnostic tests:** Perform necessary diagnostics to confirm the diagnosis and assess the likelihood of successful surgery. If cost is a major constraint from the beginning, this can be as minimal as necessary to get to both a diagnosis and treatment/ prognosis recommendation. PCV/TP vs full cbc, one view rad vs. full three views with consult etc.
	* **Owner Communication:** Discuss the findings and available options with the pet's owner. Explain the benefits and risks associated with the procedure. Exhaust all financial options such as grants, payment plans, care credit or scratch pay.
	* **Good prognosis and expected return to good quality of life:** This program is intended for surgical candidates that are systemically healthy enough to be expected to make a full recovery and have a life expectancy of 1 year or more post-surgery to qualify. A young HBC dog that has a fractured femur needing an amputation would be a candidate, while an elderly dog with metastasized bone cancer would not be a candidate for an amputation under this program.
	* **Discuss follow up care**: We do not provide long term care including checkups or follow-up diagnostics. It is the responsibility of the referring veterinarian to ensure they are comfortable with the plan to transfer care back including any long-term care needed.
2. **Pet Owner Expectations:**
	* Pet Owners are responsible for the cost of all diagnostic workup, care, and post-surgery follow-up provided at the referring vet.
	* Pet Owners are responsible for dropping off and picking up their pet off at the Beatrice Humane Society Low Cost Spay and Neuter Center on the day of the procedure. BHS SNC does not provide any emergency care or overnight care post- surgery.
	* As a non-profit program, owners may be asked to make partial payments or complete community service hours in order to help support the other programs in place of paying the full upfront costs with the primary veterinarian.
3. **Referral Submission:**
	* Complete the referral form with detailed information about the pet’s condition, diagnostics performed, and the signed owner's consent. Send all medical records, diagnostics and the attached referral request form to clinic@beatricehumanesociety.org.
	* Clinic staff perform surgeries Monday- Thursday. Emails will not be checked outside of those hours. If this is an emergent case, please contact the shelter at 402-228-9100 ext 1 and let them know that a case has been referred- they will contact our medical team. Emergent cases may be declined due to scheduling constraints.
	* Typical referral requests are processed and responded to within 1 day during normal office hours.
	* BHS SNC may decline surgery for many reasons including but not limited to program funding, cost of procedure, likelihood of success, compliance with follow-up care and Veterinary comfort with the requested procedure. Submission of this form does not in any way guarantee acceptance into this program.
4. **Post-Surgical Referring Veterinarian Resumption of Care:**
	* The referring veterinarian will receive an email with the surgery report, and additional diagnostics or testing after the procedure. Our surgical Vet is available for a phone consult or discussion about follow up care if desired.
	* The referring vet must resume care of the pet post-surgery. Beatrice Humane Society does not provide any emergency care or overnight care post-surgery**.**
	* We recommend scheduling a follow-up appointment within a week after the surgery to monitor the pet's recovery and address any complications as well as re-establish the referring vet as the primary point of contact for their pet’s long-term care.
	* Please report any surgical complications to our surgical vet.

This program was established with the pet's well-being as the primary consideration throughout the process. We launched this program to help local partner veterinarians decrease the number of financial euthanasia decisions that are needed. We hope to foster open communication with the referring vet, the pet owner and the Beatrice Humane Society Low Cost Spay and Neuter Clinic to ensure a smooth referral and treatment process.

Previous Surgeries completed in this program: Pyometra (most common), C-Section and Spay, Foreign Body Removal, Tail and Limb Amputation, Eye Enucleation, Cystotomy, Mass Removal, Dental w/ extractions, Laceration Repair, Bite Abscess.

If needed and safe to do so, spays/neuters/vaccines/microchip with registration will be completed at the time of the lifesaving surgery or scheduled at a safe date post-op for no additional cost. Spaying, neutering, vaccinations and registered microchips are a non-negotiable requirement to participate.

\*\*If the procedure you recommend is not listed here, please contact us prior to submission\*\*

**Beatrice Humane Society Low Cost Spay and Neuter Clinic Referral Request Form**

**Referring Veterinarian Information:**

**Name:**

**Clinic/Hospital:**

**Address:**

**Phone Number:**

**Email:**

**Pet Owner Information:**

**Name:**

**Address:**

**Phone Number:**

**Email:**

**Pet Information:**

**Name:**

**Gender:** (M / F) **Spayed/Neutered:** (Y / N)

**Age:**  **Weight:**

**Breed:**

**Medical Condition and Diagnosis:**

**Diagnostics Performed:**

Blood Tests: (Yes/No) X-Rays: (Yes/No) Ultrasound: (Yes/No) Other:

**Diagnosis:**

**Likelihood of successful surgery:**

**Expected quality of life post surgery:**

**Expected procedure cost (estimate) with veterinarian:**

**What is the Owner able to pay towards the procedure on the day of the procedure: $**

**Do both Vet and Owner agree that there are no payment plans options or programs like care credit that would allow this procedure to be completed in house instead of referred? Yes / No**

**Is the Vet willing to resume care post-op? Yes / No**

**Consent and Agreement:**

**Owner's Consent:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, would like my pet to be considered by the Beatrice Humane Society for this surgical procedure. I understand the risks and benefits associated with the surgery. I understand that if selected for this program I will be required to further discuss an extended payment plan or community service to ensure this program is available for others in the future. I understand that filling out this form does not guarantee participation in the program. Program funding, cost, likelihood of success and veterinary comfort with the requested procedure are all considerations prior to approval.

Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: