



# SYNERGY

MOBILE VETERINARY SURGERY

## Surgical Consent Form for splenectomy and gastropexy

Owner name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Veterinary Hospital: \_\_\_\_\_

Primary veterinarian: \_\_\_\_\_

Patient age: \_\_\_\_\_ Breed: \_\_\_\_\_

Patient sex: M MN F FS

Your pet is undergoing splenectomy (removal of the spleen) and a prophylactic gastropexy. The gastropexy will help protect your pet from a disease called gastric dilatation and volvulus (GDV) - also known as "bloat" or "twisted stomach". This is a potentially fatal condition if it occurs.

\_\_\_\_\_ I have been notified by Dr. \_\_\_\_\_ of the need for splenectomy and informed of the different surgical and non surgical treatment options

\_\_\_\_\_ Possible complications can include: anesthesia risks, infection, hemorrhage, swelling and bruising, clot formation (thrombus), heart arrhythmia. This can necessitate further surgical intervention and further cost.

\_\_\_\_\_ I am aware that the prognosis for splenectomy is usually very good if the patient is stable prior to the procedure. I understand that, while the prognosis is good, guarantees are not being given.

\_\_\_\_\_ Long term prognosis will depend on the biopsy results submitted from the splenic tissue.

\_\_\_\_\_ Abiding by the post operative instructions is crucial for a proper recovery and to help avoid the postoperative complications.

\_\_\_\_\_ I give consent to Dr. Cindy Eward of Synergy Mobile Veterinary Surgery to surgically perform a splenectomy and gastropexy on my pet

Y / N I consent to photographs/video of my pet to be used by Synergy Mobile Veterinary Surgery for continuing education lectures, monitoring, case documentation and social media

\_\_\_\_\_  
Client Signature Client Phone number Date

Office Use Only:

Weight (kg): \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_

Confirm leg: LEFT

RIGHT