



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Perineal Hernia

Owner name: _____ Pet Name: _____
Veterinary Hospital: _____
Primary veterinarian: _____
Patient age: _____ Breed: _____
Patient sex: M MN F FS

Perineal hernia correction is being recommended as the most appropriate surgical repair. This surgery may be done as a repair at the site of the hernia or as an abdominal approach using tacking down of the urinary bladder and colon (cystopexy and colopexy). A neuter will also be performed if the patient is an intact male.

_____ I have been notified by Dr. _____ of the diagnosis leading to a recommendation of hernia repair and neuter and informed of the different surgical and non surgical treatment options

_____ I am aware that the success rate for perineal hernia repair is very good. I understand that, while the prognosis is very good, guarantees are not being given.

_____ I am aware that the recurrence rate for perineal hernia repair is 10%

_____ Possible complications are uncommon but can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising, hernia recurrence.

_____ 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 perform a perineal hernia repair and neuter 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