

Surgical Consent Form for brachycephalic airway correction and neuter

Owner name:	Pet Name:			
Veterinary Hospital: _				
Primary veterinarian:				
Patient age:			Breed:	
Patient sex: M	MN F	FS		
interfere with breathir	ng. The corred include: Na	ection perforares (nostril	rmed will depend on correction, Soft p	ne upper airway that can on the sedated oral alate resection, Laryngeal
I have been r syndrome and inform	notified by Dred of the difference	· erent surgic	of the diagnosi al and non surgica	s of brachycephalic airway I treatment options
	h), infection,	hemorrhage		anesthesia (including - very lown. This can necessitate
recovery as well as the	ne potential for ious cases a	or aspiration temporary	n pneumonia in the	of breathing difficulty during week or two following be needed to bypass the
Abiding by th avoid the postoperation			ions is crucial for a	proper recovery and to help
I give conser evaluation and correct				terinary Surgery to surgically ed
				Synergy Mobile Veterinary umentation and social media
Client Signature		. <u>Client Pl</u>	none number	 Date
Office Use Only: Weight (kg):	Tem	p:	HR:	RR:

RIGHT

Confirm leg: LEFT