

<u>Surgical Consent Form for Gastrotomy/Enterotomy/Intestinal resection and anastomosis</u>

Owner name:						Pet Na	me:				
Owner name: Veterinary Ho	spital:										
Primary veter	inarian:										_
Patient age:						_ Breed:					
Patient sex:	M	MN	F	FS		_					
Gastrotomy/E appropriate s		•		and anas	tomo	sis is bei	ng recor	nmend	ed as t	he most	
I have recommenda treatment opt	tion of ir	notified ntestina	by Dr. ₋ I surgei	ry and inf	orme	of the diag	gnosis le lifferent	eading surgica	to a al and ı	non surgi	cal
I am that, while the									d. Iu	nderstan	d
I am a obvious probl				nall chand	ce tha	at this will	be a ne	gative	explor	atory and	l an
If we on the intestinal				problem	durin	g surgery	we will	plan o	n takin	g biopsie	s of
Poss rarely - possil								nesthes	sia (inc	luding - v	ery
Abidi avoid the pos					tions	is crucia	for a pr	oper re	ecovery	and to h	nelp
I give intestinal surç			Cindy I	Eward of	Syne	ergy Mobi	le Veter	inary S	urgery	to perfor	m
Y / N I cons Surgery for co											
Client Signati	ıre			Client F	Phone	number		_	Date		
Office Use Oi Weight (kg): ₋	-		Temp:			HR:			RR: _		

Confirm leg: LEFT RIGHT