



# SYNERGY

MOBILE VETERINARY SURGERY

## **Surgical Consent Form for Episioplasty**

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

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

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

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

Patient sex: M MN F FS

An episioplasty is being recommended as the most appropriate surgical repair.

\_\_\_\_\_ I have been notified by Dr. \_\_\_\_\_ of the diagnosis leading to a recommendation of the episioplasty and informed of the different surgical and non surgical treatment options

\_\_\_\_\_ I am aware that the success rate for episioplasty surgery is usually very good. I understand that, while the prognosis is excellent, guarantees are not being given.

\_\_\_\_\_ Possible complications can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising, incisional dehiscence.

\_\_\_\_\_ 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 an episioplasty 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