



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Mucocele

Owner name: _____ Pet Name: _____

Veterinary Hospital: _____

Primary veterinarian: _____

Patient age: _____ Breed: _____

Patient sex: M MN F FS

Your pet is undergoing cholecystectomy (removal of the gallbladder).

_____ I have been notified by Dr. _____ of the need for cholecystectomy and informed of the different surgical and non surgical treatment options

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

_____ I am aware that the prognosis for cholecystectomy 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

_____ 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 cholecystectomy 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