



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Ovarian remnant/spay

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

Your pet is undergoing exploratory surgery for ovarian remnants and subsequent ovariectomy/ovariohysterectomy (spay).

_____ I have been notified by Dr. _____ of the diagnosis of a suspect ovarian remnants and informed of the different surgical and non surgical treatment options

_____ Possible complications are uncommon but can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising, breakdown (dehiscence) of the surgical site. This can necessitate further surgical intervention and further cost.

_____ 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 for surgical exploration for ovarian remnants and subsequent spay

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