



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for perianal skin mass removal

Owner name: _____ Pet Name: _____

Veterinary Hospital: _____

Primary veterinarian: _____

Patient age: _____ Breed: _____

Patient sex: M MN F FS

Your pet is undergoing removal of a perianal skin mass.

_____ I have been notified by Dr. _____ of the diagnosis of a perianal skin mass and informed of the different surgical and non surgical treatment and diagnostic 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, tumor recurrence. This can necessitate further surgical intervention and further cost.

_____ Fecal incontinence is also possible but is extremely rare.

_____ If the anal sac (anal gland) is involved this will also be removed. Complications associated with anal sac removal are as listed above.

_____ 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 remove a perianal mass 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