



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Salivary Mucocele

Owner name: _____ Pet Name: _____

Veterinary Hospital: _____

Primary veterinarian: _____

Patient age: _____ Breed: _____

Patient sex: M MN F FS

Your pet is undergoing surgery for removal of the mandibular and sublingual salivary glands that are contributing to the salivary mucocele or ranula

_____ I have been notified by Dr. _____ of the diagnosis of a salivary mucocele 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, recurrence of the mucocele. 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 correction of the salivary mucocele.

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