



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Tail amputation

Owner name: _____ Pet Name: _____

Veterinary Hospital: _____

Primary veterinarian: _____

Patient age: _____ Breed: _____

Patient sex: M MN F FS

A tail amputation is being recommended as the most appropriate surgical repair.

_____ I have been notified by Dr. _____ of the diagnosis leading to a recommendation of tail amputation and informed of the different surgical and non surgical treatment options

_____ Tail amputations are done at a high level on the tail, similar to the tail of a Rottweiler unless previously discussed. This type of tail amputation leads to the lowest risk of post surgical complications

_____ I am aware that the success rate for tail amputation surgery is usually excellent. I understand that, while the prognosis is excellent, guarantees are not being given.

_____ Possible complications are uncommon but can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising.

_____ 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 a tail amputation 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