



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Anal Sacculectomy

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

Anal sacculectomy is being recommended as the most appropriate surgical treatment.

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

We are removing (please circle): Left Right Both

_____ I am aware that the success rate for surgical recovery from anal sacculectomy is very good. I understand that, while the prognosis is very good, guarantees are not being given.

_____ Possible complications are uncommon but can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, fistula formation and fecal incontinence. The risk of fecal incontinence is overall low but is higher if we are removing both anal sacs during the same surgery

_____ 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 or Dr. Marc Hirshenson of Synergy Mobile Veterinary Surgery to perform an anal sacculectomy 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