SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for brachycephalic airway

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

Your pet is undergoing evaluation and correction of portions of the upper airway that can interfere with breathing. The correction performed will depend on the sedated oral examination but could include: Nares (nostril) correction, Soft palate resection, Laryngeal saccule removal

_____ I have been notified by Dr. _____of the diagnosis of brachycephalic airway syndrome 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, incisional breakdown. This can necessitate further surgical intervention and further cost.

_____Airway surgery in brachycephalic dogs does carry a risk of breathing difficulty during recovery as well as the potential for aspiration pneumonia in the week or two following surgery. In some serious cases a temporary tracheostomy may be needed to bypass the airway while inflammation subsides

_____ 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 surgically evaluation and correct the nares, palate and saccules as indicated

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