



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for cystotomy

Owner name: _____ Pet Name: _____

Veterinary Hospital: _____

Primary veterinarian: _____

Patient age: _____ Breed: _____

Patient sex: M MN F FS

Your pet is undergoing cystotomy for removal of bladder stones.

_____ I have been notified by Dr. _____ of the need for cystotomy and informed of the different surgical and non surgical treatment options

_____ Possible complications can include: anesthesia risks, infection, hemorrhage, swelling and bruising, urine leakage, blood in the urine. This can necessitate further surgical intervention and further cost.

_____ I am aware that the prognosis for cystotomy is usually very good. I understand that, while the prognosis is good, guarantees are not being given.

_____ Further dietary and antibiotic recommendations may be made when the stone analysis and bacterial culture results return

_____ 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 perform a cystotomy 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