SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Digit Amputation

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

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

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

_____ Surgery will be on the:

Front Leg_____ Rear Leg _____

Right side_____ Left side_____
(Please initial)

_____ I am aware that the success rate for digit 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, difficulty walking, incisional dehiscence.

_____I am aware that a bandage/splint will likely be needed in the post operative period. This bandage will need to be kept clean and dry and changed regularly by my veterinarian.

_____ 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 a digit 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