SYNERGY

MOBILE VETERINARY SURGERY

**Surgical Consent Form for Gastrotomy/Enterotomy/Intestinal resection and anastomosis**

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

Gastrotomy/Enterotomy/Resection and anastomosis is being recommended as the most appropriate surgical treatment.

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

_____ I am aware that the success rate for intestinal surgery is very good. I understand that, while the prognosis is very good, guarantees are not being given.

_____ I am aware that there is a small chance that this will be a negative exploratory and an obvious problem will not be found

_____If we do not find an obvious problem during surgery we will plan on taking biopsies of the intestinal tract as indicated

_____ Possible complications are uncommon but can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, intestinal leakage

_____ 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 intestinal surgery 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