SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for soft tissue surgery

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

Surgery being performed_____

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

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

_____ Possible complications are uncommon but can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising. Additional complications for this specific procedure can include:
_____
_____

_____ 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
_____ 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