SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Mucocele

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

Your pet is undergoing cholecystectomy (removal of the gallbladder).

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

_____ Possible complications can include: anesthesia risks, infection, hemorrhage, swelling and bruising, bile leakage, clot formation (thrombus), heart arrhythmia. This can necessitate further surgical intervention and further cost.

_____ I am aware that the prognosis for cholecystectomy is usually very good if the patient is stable prior to the procedure. I understand that, while the prognosis is good, guarantees are not being given.

_____ Long term prognosis will depend on the biopsy results

_____ 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 cholecystectomy 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