



# SYNERGY

MOBILE VETERINARY SURGERY

## Surgical Consent Form for perianal skin mass removal

Owner name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Veterinary Hospital: \_\_\_\_\_

Primary veterinarian: \_\_\_\_\_

Patient age: \_\_\_\_\_ Breed: \_\_\_\_\_

Patient sex: M MN F FS

Your pet is undergoing removal of a perianal skin mass.

\_\_\_\_\_ I have been notified by Dr. \_\_\_\_\_ of the diagnosis of a perianal skin mass and informed of the different surgical and non surgical treatment and diagnostic options

\_\_\_\_\_ Possible complications are uncommon but can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising, breakdown (dehiscence) of the surgical site, tumor recurrence. This can necessitate further surgical intervention and further cost.

\_\_\_\_\_ Fecal incontinence is also possible but is extremely rare.

\_\_\_\_\_ If the anal sac (anal gland) is involved this will also be removed. Complications associated with anal sac removal are as listed above.

\_\_\_\_\_ 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 remove a perianal mass 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