SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Perineal Hernia

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

Perineal hernia correction is being recommended as the most appropriate surgical repair. This surgery may be done as a repair at the site of the hernia or as an abdominal approach using tacking down of the urinary bladder and colon (cystopexy and colopexy). A neuter will also be performed if the patient is an intact male.

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

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

_____ I am aware that the recurrence rate for perineal hernia repair is 10%

_____ Possible complications are uncommon but can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising, hernia recurrence.

_____ 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 perineal hernia repair and neuter 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