Jennifer Hoch, DVM Diplomate ACVS



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SURGICAL CONSENT & AUTHORIZATION for Abdominal Surgery

Date:	Referring F	Hospital/Docto	r:			
Pet's name:		Client's n	ame:			
Pet's DOB:	Breed:		Sex: Male F	emale	Altered: Yes	No
This docume that my pet is suspec options, including su	cted to have ab		been informed by se. I have been in			
I elect and comby Dr Jennifer Hoch,		ominal explora	tory surgery to be	e perfor	med on my pe	et
I understand hemorrhage, peritoni & death.			-			
I understand	d that negative	exploratory is	possible.			
I understand	d that a guaran	itee for outcon	ne is not possible	and not	being provid	ed.
I understand	d that successf	ul outcomes re	equire proper hom	ne care a	and restrictio	ns.
I understand 72 hours) for pain ma		vill be adminis	tered Nocita (local	l anesth	netic lasting u	p to
I consent for case presentations, n			<u> </u>	pet for	use by MVSS	for
I hereby grant permis Hoch.	ssion for my pe	t to have Abdo	minal Explorator	y surgei	ry by Dr Jenn	ifer
Client's signature		Client's phor	ne number	— <u>—</u> Da	te	
Clinic Staff, please fill in:						
Weight:		Temp:	HR:]	RR:	_