Jennifer Hoch, DVM
Diplomate ACVS

MVSS
mobile veterinary surgical services

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SURGICAL CONSENT & AUTHORIZATION for Anal Sacculectomy Surgery

Date:_____ Referring Hospital/Doctor:_____

Pet's name:_____ Client's name:_____

Pet's DOB:_____ Breed: _____ Sex: Male Female Altered: Yes No

_____ This document acknowledges that I have been informed by Dr. _____ that my pet is suspected to have Anal Sac Disease (recurrent infections, impactions or masses). I have been informed of the treatment options, including surgery.

_____ I elect and consent for Anal Sacculectomy Surgery to be performed on my pet by Dr Jennifer Hoch, DACVS.

_____ I understand surgery will be on the: (Circle & initial) RIGHT _____ LEFT_____

_____ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, infection, wound healing complications, dehiscence (opening of the incision), fistulous tracts & death.

_____There is a small chance of fecal incontinence (temporary or permanent) after surgery, especially with bilateral (right AND left) sided surgery.

_____ I understand that a guarantee for outcome is not possible and not being provided.

_____ I understand that biopsy and/or culture samples will be submitted by your veterinarian for additional cost.

_____I understand that the surgical margins (for tumors) are likely to be narrow due to the anatomic location. Additional chemotherapy may be recommended after surgery.

_____ I understand that successful outcomes require proper home care and restrictions.

_____ I understand that my pet will be administered Nocita (local anesthetic lasting up to 72 hours) for pain management.

_____ I consent for photographs and videos to be obtained of my pet for use by MVSS for case presentations, monitoring, and/or website or social media.

I hereby grant permission for my pet to have Anal Sacculectomy Surgery by Dr Jennifer Hoch.

_____ _____ _____

Client's signature Client's phone number Date

Clinic Staff, please fill in:

Weight:_____ Temp:_____ HR:_____ RR:_____ Confirm: Circle one Right Left Both