Jennifer Hoch, DVM
Diplomate ACVS

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SURGICAL CONSENT & AUTHORIZATION for Nephrectomy 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 has been diagnosed with severe kidney disease (mass, tumor, obstruction, infection). I have been informed of the treatment options, including surgery.

_____ I elect and consent for abdominal exploratory surgery for nephrectomy (removal of the kidney) to be performed on my pet by Dr Jennifer Hoch, DACVS. **Choose Kidney (circle one): RIGHT LEFT**

_____ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, peritonitis, infection, sepsis, wound healing complications, & death.

_____ Acute or chronic renal (kidney) failure is possible after the anesthesia/surgery and could result in prolonged hospitalization, medical therapy, and even death.

_____ I understand that long term monitoring and management (diet +/- medications) may be necessary for the health of the remaining kidney and/or to reduce the risk for additional stones forming again in the future.

_____ I understand that lab tests (biopsy, and/or stone analysis and/or cultures) will be submitted by your veterinarian for additional cost.

_____ I understand that a guarantee of outcome or success is not being made.

_____ 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 additional pain control.

_____ 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 Nephrectomy 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 LEFT RIGHT