

## SURGICAL CONSENT & AUTHORIZATION for Perineal Urethrostomy Surgery

Date: \_\_\_\_\_ Referring Hospital: \_\_\_\_\_

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 feline lower urinary tract disease. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for Perineal Urethrostomy surgery to be performed on my pet by Dr Jennifer Hoch, DACVS. This creates a new, larger opening for your pet to urinate and allow small stones to pass.

\_\_\_\_\_ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, infection, urine leakage, wound healing complications, stricture formation, sepsis & death.

\_\_\_\_\_ Lab tests for urine culture may be submitted by your veterinarian for additional cost.

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions. The Elizabethan collar MUST be worn AT ALL TIMES for 2-3 weeks after surgery.

\_\_\_\_\_ I understand that guarantees are not being made about final outcome.

\_\_\_\_\_ Urinary tract infections can continue long term recommendations will be made by your veterinarian to attempt to prevent stone recurrence (special diet, water, etc)

\_\_\_\_\_ 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 Perineal Urethrostomy by Dr Jennifer Hoch.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Client's phone number

\_\_\_\_\_  
Date

Clinic Staff, please fill in:

Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_