Jennifer Hoch, DVM
Diplomate ACVS

MVSS
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SURGICAL CONSENT & AUTHORIZATION for Subtotal Colectomy 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 megacolon or a colon mass. I have been informed of the treatment options, including surgery.

_____ I elect and consent for Subtotal Colectomy surgery to be performed on my pet by Dr Jennifer Hoch, DACVS.

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

_____ I understand that biopsies will be obtained. Lab tests for biopsies will be submitted by your veterinarian for additional cost.

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

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

_____ If peritonitis is found or develops then the mortality rate can be as high as 50-70%

_____ I understand that soft stools or diarrhea is common after this surgery for 2-4 weeks, and that stools may remain soft lifelong.

_____ I understand that my pet will be administered Nocita (local anesthetic lasting up to 72 hours) for additional 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 Subtotal Colectomy surgery by Dr Jennifer Hoch.

_____ _____ _____

Client's signature Client's phone number Date

Clinic Staff, please fill in:

Weight:_____ Temp:_____ HR:_____ RR:_____