



Surgery Consent Form

Owner: _____ Patient: _____

Owner Phone Number (day of procedure): _____ Surgery Date: _____

Hospital: _____

Attending Clinician: _____

Procedure (**MUST INCLUDE SIDE/LIMB** if applicable): _____

I have been advised by my veterinarian listed above, as to the nature of the procedure above including potential complications and risks thereof. I authorize ROMAN S. SAVICKY, DVM, DACVS-SA, a representative of PEAK Veterinary Surgical Solutions, LLC (hereinafter "PVSS"), to perform this procedure. I further understand that the above hospital/clinic (with the assistance of PVSS personnel when needed) will be using appropriate sedatives and/or anesthetics and medications needed to perform this procedure. **I understand that the above hospital/clinic will be responsible for providing and performing a preoperative/preanesthetic examination of my pet in addition to monitoring, premedication, induction, anesthesia, and recovery of my pet.** I understand no guarantee or warranty can be made as to the outcome of the procedure.

I have read and understand the above statement, associated risks, party responsible for anesthesia and my pet's exam, and lack of guarantee/warranty. Furthermore, I authorize Dr. Roman Savicky and PVSS to perform the above procedure.

Anesthetic Risks: Although every effort is made to make anesthesia as safe as possible including vital sign monitoring and use of the most up to date anesthetic agents and equipment, I understand that anesthesia has inherent risks. The incidence of complications from anesthesia is extremely low and we do not anticipate any in your pet but on rare occasions the following can occur: **1) Allergic reaction to the anesthetic agents 2) Heart rhythm abnormalities 3) Reactions to the anesthetics, gas, and other medications including drops in blood pressure or respiratory difficulties 4) Strokes or vascular events 5) Just like in humans, on very rare occasions, general anesthesia can even result in death.**

I have read and understand the risks.

Surgical Risks Include: **1) Infection** which may require additional testing and medication at an additional cost **2) Blood clots** that can lodge in major organs causing stroke or rarely death **3) Nerve injury** which can be temporary or permanent (very rare) **4) Arthritis** in future months necessitating additional surgery at an additional cost **5) Breakdown of the repair or migration of implants** necessitating revision surgery or surgery to remove implants at an additional cost.

I have read and understand the risks.



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Regional/Local Anesthetic: PVSS believes in providing cutting-edge and advanced medicine to our patients, this includes proper pain control. For certain cases and procedures that are more painful (fracture repair, patella luxation, TPLO/extracapsular repair, etc), PVSS will provide regional/local anesthetics for additional pain control. The regional/local anesthetic will temporarily “numb” the nerves to the area that surgery is being performed on. This will dramatically decrease pain during and after surgery as well as decrease the need for higher doses of gas anesthesia making it safer for your pet. PVSS will perform this additional procedure using specialized instrumentation. Although extremely safe, potential risks are, but not limited to: **1) Nerve damage, temporary or permanent (very rare) 2) Hemorrhage 3) Drug reactions that can be fatal.**

I have read and understand the risks.

Education Release: To better community education and outreach, PVSS occasionally will feature patients on its social media pages (Facebook, Instagram, YouTube...) and in publications (print or online). I grant PVSS and its associates the right to use, reuse, and publish for commercial or non-commercial purposes the image, video, pet name (owner name **will not be used**), or likeness of the above-named animal.

YES - I consent to using my pet on social media or website.

NO - I do not consent to using my pet on social media or website.

Client Signature: _____ **Date:** _____

****THIS FORM MUST BE COMPLETE AND SIGNED OR SURGERY WILL NEED TO BE RESCHEDULED****