

Jennifer Hoch, DVM
Diplomate ACVS



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SURGICAL CONSENT & AUTHORIZATION for Perineal Hernia and Neuter 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 a Perineal Hernia. I have been informed of the treatment options, including surgery.

_____ I elect and consent for Perineal Hernia Repair and Neuter surgery to be performed on my pet by Dr Jennifer Hoch, DACVS.

_____ The surgery will be performed on the RIGHT _____ LEFT _____ side.

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

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

_____ There is a chance of recurrence of the hernia if straining to defecate continues. Soft formed stools (achieved with high fiber diet and/or stool softeners) are recommended after surgery for 8 weeks to avoid recurrence.

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

_____ 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 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 Hernia Repair and Neuter 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 BOTH