

Jennifer Hoch, DVM  
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## SURGICAL CONSENT & AUTHORIZATION for Cystotomy +/- Scrotal Urethrostomy 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 bladder and/or urethral stones. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for cystotomy surgery to remove bladder stones to be performed on my pet by Dr Jennifer Hoch, DACVS.

\_\_\_\_\_ Male dogs: I understand if urethral stones are present and cannot be removed through the bladder, then an additional surgery for Scrotal Urethrostomy will be necessary. This creates a new opening for your pet to urinate (at the scrotum) and allow small stones to pass.

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

\_\_\_\_\_ Lab tests for biopsies, culture and stone analysis 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.

\_\_\_\_\_ Stones can recur, and 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 Cystotomy surgery +/- Scrotal Urethrostomy by Dr Jennifer Hoch.

\_\_\_\_\_  
Client's signature                      Client's phone number                      Date

Clinic Staff, please fill in: Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_