Jennifer Hoch, DVM Diplomate ACVS



MVSSforpets@gmail.com www.MVSS.info (336) 580-4570

SURGICAL CONSENT & AUTHORIZATION for Nephrectomy Surgery

| Date: | Referring Hospital/Doctor: | | | |
|-----------------------------------|---|------------------------|-------------|-----------------------|
| Pet's name: | C | Client's name: | | |
| Pet's DOB: | Breed: | Sex: Male | e Female | Altered: Yes No |
| that my pet has be | ment acknowledges tha en diagnosed with seven een informed of the trea | re kidney disease (mas | ss, tumor, | obstruction, |
| | consent for abdominal erformed on my pet by in the constant of | 2 0 0 | - | • , |
| | nd the risks associated nitis, infection, sepsis, | • | | • |
| | hronic renal (kidney) fa onged hospitalization, i | - | | |
| may be necessary f | nd that long term monitor the health of the remorming again in the futu | naining kidney and/or | , | , |
| | nd that lab tests (biops veterinarian for additio | • | sis and/or | cultures) will be |
| I understa | nd that a guarantee of | outcome or success is | not being | made. |
| I understa | nd that successful outo | comes require proper l | nome care | and restrictions. |
| I understa 72 hours) for addit | nd that my pet will be a ional pain control. | administered Nocita (l | ocal anestl | hetic lasting up to |
| | for photographs and vio , monitoring, and/or we | | · - | use by MVSS for |
| I hereby grant pern | nission for my pet to ha | ve Nephrectomy surge | ery by Dr J | Jennifer Hoch. |
| Client's signature | Clien | ıt's phone number | <u></u> | nte |
| Clinic Staff, please fill in: W | eight:Temp: | HR: RR: | Confirm: | Circle one LEFT RIGHT |