

Jennifer Hoch, DVM
Diplomate ACVS



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SURGICAL CONSENT & AUTHORIZATION for Anal Sacculectomy & Lymph Node Removal 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 an Anal Sac Mass and Enlarged Abdominal Lymph Nodes. I have been informed of the treatment options, including surgery.

_____ I elect and consent for Anal Sacculectomy surgery and Abdominal Lymph Node Removal Surgery to be performed on my pet by Dr Jennifer Hoch, DACVS.

_____ I understand surgery will be on the: (Circle & initial) RIGHT _____ LEFT _____

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

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

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

_____ I understand that biopsy samples will be submitted by your veterinarian for additional cost.

_____ I understand that the surgical margins are likely to be narrow due to the anatomic location. Additional chemotherapy may be recommended after surgery.

_____ 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 control.

_____ 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 Anal Sacculectomy surgery and Abdominal Lymph Node Removal 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 Right Left Both