

Jennifer Hoch, DVM  
Diplomate ACVS



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## SURGICAL CONSENT & AUTHORIZATION for Abdominal 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. \_\_\_\_\_ (Family Veterinarian) that my pet is suspected to have a gastrointestinal foreign body (GI FB). I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for abdominal exploratory surgery to be performed on my pet by Dr Jennifer Hoch, DACVS.

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

\_\_\_\_\_ I understand that negative exploratory is possible (no FB found). In this case, biopsies would be obtained. Lab tests for biopsies 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.

\_\_\_\_\_ If peritonitis is found or develops then the mortality rate can be as high as 30-50%

\_\_\_\_\_ 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 Abdominal Exploratory surgery by Dr Jennifer Hoch.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Client's phone number

\_\_\_\_\_  
Date

Clinic Staff, please fill in:

Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_