

Jennifer Hoch, DVM  
Diplomate ACVS



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## SURGICAL CONSENT & AUTHORIZATION for Liver Biopsy 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 liver disease. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for abdominal exploratory surgery for liver biopsies 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, disseminated intravascular coagulation (DIC), wound healing complications, sepsis & death.

\_\_\_\_\_ I understand that if significant hemorrhage (bleeding) occurs then a blood transfusion may be necessary.

\_\_\_\_\_ I understand that the goal of surgery is to obtain biopsies in the hope of obtaining a diagnosis for further medical care.

\_\_\_\_\_ 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 Abdominal Exploratory surgery for Liver Biopsies by Dr Jennifer Hoch.

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

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

\_\_\_\_\_  
Date

Clinic Staff, please fill in:

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