

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. _____ that my pet is suspected to have abdominal disease. 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.

_____ 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 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: _____