

## SURGICAL CONSENT & AUTHORIZATION for Anal/Rectal Mass 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 a Rectal or Anal mass (benign polyp or cancer). I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for Anal/Rectal Mass 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), sepsis, fistulous tracts & death.

\_\_\_\_\_ 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 (for tumors) are likely to be narrow due to the anatomic location. Additional surgery or chemotherapy may be recommended based upon the biopsy results.

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions.

\_\_\_\_\_ I understand that some bleeding from the rectum is possible after surgery for the first week.

\_\_\_\_\_ 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 Mass Removal Surgery by Dr Jennifer Hoch.

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

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

\_\_\_\_\_  
Date

Clinic Staff, please fill in:

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

Circle: Right Left.