

## SURGICAL CONSENT & AUTHORIZATION for Cystotomy & Nephrectomy:

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 has been diagnosed with bladder, kidney and/or ureteral stones. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for abdominal exploratory surgery for cystotomy (to remove bladder stones) and nephrectomy (removal of the kidney) to be performed on my pet by Dr Jennifer Hoch, DACVS. **Choose Kidney (circle one): RIGHT LEFT**

\_\_\_\_\_ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, peritonitis, infection, sepsis, wound healing complications, & death. I understand that no guarantees for outcome are being made.

\_\_\_\_\_ Acute or chronic renal (kidney) failure is possible after the anesthesia/surgery and could result in prolonged hospitalization, medical therapy, and even death.

\_\_\_\_\_ I understand that long term monitoring and management (diet +/- medications) is necessary to reduce the risk for additional stones forming again in the future. However in spite of this, more stones could still form. Stones could lead to additional infections or life threatening obstruction of the remaining kidney, ureter or urethra.

\_\_\_\_\_ I understand that lab tests (biopsy, stone analysis and/or cultures) will be submitted by your veterinarian for additional cost.

\_\_\_\_\_ I understand that a guarantee of outcome or success is not being made.

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

\_\_\_\_\_ I elect for my pet to be administered Nocita (local anesthetic lasting up to 72 hours) for additional \$200. CIRCLE ONE: YES NO

\_\_\_\_\_ 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. CIRCLE ONE: YES NO

I hereby grant permission for my pet to have Nephrectomy and Cystotomy surgery by Dr Jennifer Hoch.

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

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

\_\_\_\_\_  
Date

For Office Use Only: LEFT RIGHT Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_