## Jennifer Hoch, DVM Diplomate ACVS



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## SURGICAL CONSENT & AUTHORIZATION for Cystotomy +/- Scrotal Urethrostomy

Date:	_ Referring Hosp	pital:		
Pet's name:		Client's nar	ne:	
Pet's DOB:	_ Breed:		_ Sex: Male Fema	ale Altered: Yes No
This document that my pet is suspecte the treatment options, it	d to have a blad	der and/or u	een informed by Dr rethral stones. I ha	
I elect and con performed on my pet by	•		remove bladder st	cones to be
Male dogs: I un through the bladder, th This creates a new oper to pass.	ien an additiona	l surgery for	Scrotal Urethrosto	my will be necessary.
I understand t hemorrhage, peritonitis death.			-	•
Lab tests for b veterinarian for addition	•	and stone an	alysis will be subm	nitted by your
I understand t	hat successful o	outcomes req	uire proper home c	are and restrictions.
I understand t	hat guarantees	are not being	made about final o	outcome.
Stones can rec veterinarian to attempt				
I understand t 72 hours) for pain man	· -	be administer	red Nocita (local an	esthetic lasting up to
I consent for p	-			for use by MVSS for
I hereby grant permissi by Dr Jennifer Hoch.	on for my pet to	have Cystoto	omy surgery +/- Sc	rotal Urethrostomy
Client's signature		lient's phone	number	Date
Clinic Staff, please fill in: Weigh	ıt:	Temp:	HR:	RR: