

SURGICAL CONSENT & AUTHORIZATION for FORELIMB AMPUTATION

Date:_____ Referring Hospital:_____

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 _____.
I have been informed of the treatment options, including forelimb amputation surgery.

_____ I elect and consent for forelimb amputation surgery to be performed on my pet by
Dr Jennifer Hoch, DACVS.

_____ I will mark the leg for Surgery to be performed on the: RIGHT_____ LEFT_____

_____ I understand the risks associated with this procedure that may include anesthetic
risk, hemorrhage, infection, wound healing complications, wound dehiscence & death.

_____ I understand that biopsy samples may be obtained and submitted for your
veterinarian to evaluate for clean margins.

_____ If a tumor/mass is present: Although every effort is made for complete removal
with clean margins, this CANNOT be guaranteed. This is a chance of dirty margins which
could lead to recurrence or regrowth of the mass.

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

_____ I understand that no guarantees are being made.

_____ I elect for my pet to be administered Nocita (local anesthetic lasting up to 72
hours) for additional \$200. STRONGLY RECOMMENDED. 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 surgery by Dr Jennifer Hoch.

Client's signature

Client's phone number

Date

For Office Use Only:

Weight:_____ Temp:_____ HR:_____ RR:_____

Confirm Leg: Circle One LEFT RIGHT