

SURGICAL CONSENT & AUTHORIZATION for Liver Biopsy 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 liver disease. I have been informed of the treatment options, including surgery.

_____ I elect and consent for abdominal exploratory surgery for liver biopsies 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, disseminated intravascular coagulation (DIC), wound healing complications, sepsis & death.

_____ I understand that if significant hemorrhage (bleeding) occurs then a blood transfusion may be necessary.

_____ I understand that the goal of surgery is to obtain biopsies in the hope of obtaining a diagnosis for further medical care.

_____ 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 additional 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 for Liver Biopsies by Dr Jennifer Hoch.

Client's signature

Client's phone number

Date

Clinic Staff, please fill in:

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