

Jennifer Hoch, DVM
Diplomate ACVS



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SURGICAL CONSENT & AUTHORIZATION for Amputation 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 has _____. I have been informed of the treatment options, including amputation surgery of the leg.

_____ I elect and consent for 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:

LEFT _____ RIGHT _____ FRONT LEG _____ BACK LEG _____.

_____ 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 understand that my pet will be administered Nocita (local anesthetic lasting up to 72 hours) for pain control.

_____ 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 Amputation surgery by Dr Jennifer Hoch.

Client's signature

Clinic Staff, please fill in:

Client's phone number

Date

Weight: _____ Temp: _____ HR: _____ RR: _____ Confirm Leg: LEFT RIGHT FRONT BACK