

Jennifer Hoch, DVM
Diplomate ACVS



MVSSforpets@gmail.com
www.MVSS.info
(336) 580-4570

SURGICAL CONSENT & AUTHORIZATION for Neck Mass Surgery

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 has a mass/lump in the neck, possibly cancer. I have been informed of the treatment options, including surgery.

_____ I elect and consent for exploratory surgery of the neck to be performed to remove the mass, if possible, on my pet by Dr Jennifer Hoch, DACVS.

_____ *If applicable: Surgery will be performed on the: RIGHT _____ LEFT _____

_____ I understand the risks associated with this procedure that may include anesthetic risk, hemorrhage, infection, nerve damage, laryngeal paralysis, wound healing complications, recurrence & death.

_____ I understand that wide surgical margins may not be possible due to the location and local anatomy.

_____ I understand that there is no guarantee of success or cure with surgery.

_____ I understand that biopsy samples will be obtained and submitted by your veterinarian.

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

_____ I understand that no guarantees are being made.

_____ I understand that collars and leashes should not be used around the neck for 4 weeks after surgery. A chest harness should be used for leash walks.

_____ I understand that my pet will be administered Nocita (local anesthetic lasting up to 72 hours) for additional 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 surgery by Dr Jennifer Hoch.

Client's signature Client's phone number Date

Clinic Staff, please fill in:

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

Confirm Leg: Circle One LEFT RIGHT