

Jennifer Hoch, DVM
Diplomate ACVS



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

SURGICAL CONSENT & AUTHORIZATION for Partial Gastrectomy

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 gastric mass. I have been informed of the treatment options, including surgery.

_____ I elect and consent for abdominal exploratory surgery for removal of the gastric mass (if possible) 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, gastric (stomach) leakage, wound healing complications, pancreatitis sepsis & death. Complete/clean margins may not be achievable.

_____ I understand that negative exploratory is possible.

_____ 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 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 Abdominal Exploratory and Partial Gastrectomy for Mass Removal surgery by Dr Jennifer Hoch.

Client's signature

Client's phone number

Date

Clinic Staff, please fill in:

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