

Jennifer Hoch, DVM
Diplomate ACVS



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

SURGICAL CONSENT & AUTHORIZATION for Anal/Rectal Mass Removal 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 is suspected to have a Rectal or Anal mass (benign polyp or cancer). I have been informed of the treatment options, including surgery.

_____ I elect and consent for Anal/Rectal Mass Removal Surgery to be performed on my pet by Dr Jennifer Hoch, DACVS.

_____ I understand surgery will be on the: (Circle & initial) RIGHT _____ LEFT _____

_____ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, infection, wound healing complications, dehiscence (opening of the incision), sepsis, fistulous tracts & death.

_____ I understand that a guarantee for outcome is not possible and not being provided.

_____ I understand that biopsy samples will be submitted by your veterinarian for additional cost.

_____ I understand that the surgical margins (for tumors) are likely to be narrow due to the anatomic location. Additional surgery or chemotherapy may be recommended based upon the biopsy results.

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

_____ I understand that some bleeding from the rectum is possible after surgery for the first week.

_____ 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 Mass Removal 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