Jennifer Hoch, DVM
Diplomate ACVS

MVSS
mobile veterinary surgical services

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SURGICAL CONSENT & AUTHORIZATION for Cystotomy & Nephrectomy

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 been diagnosed with bladder, kidney and/or ureteral stones. I have been informed of the treatment options, including surgery.

_____ I elect and consent for abdominal exploratory surgery for cystotomy (to remove bladder stones) and nephrectomy (removal of the kidney) to be performed on my pet by Dr Jennifer Hoch, DACVS. **Choose Kidney (circle one): RIGHT LEFT**

_____ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, peritonitis, infection, sepsis, wound healing complications, & death. I understand that no guarantees for outcome are being made.

_____ Acute or chronic renal (kidney) failure is possible after the anesthesia/surgery and could result in prolonged hospitalization, medical therapy, and even death.

_____ I understand that long term monitoring and management (diet +/- medications) is necessary to reduce the risk for additional stones forming again in the future. However, in spite of this, more stones could still form. Stones could lead to additional infections or life-threatening obstruction of the remaining kidney, ureter or urethra.

_____ I understand that lab tests (biopsy, stone analysis and/or cultures) will be submitted by your veterinarian for additional cost.

_____ I understand that a guarantee of outcome or success is not being made.

_____ 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 Nephrectomy and Cystotomy surgery by Dr Jennifer Hoch.

_____ _____ _____

Client's signature | Client's phone number | Date

Clinic Staff, please fill in:

Weight:_____ Temp:_____ HR:_____ RR:_____ Circle One: LEFT RIGHT