

## SURGICAL CONSENT & AUTHORIZATION for Liver Lobectomy 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 is suspected to have a liver mass. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for abdominal exploratory surgery for liver mass removal (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, disseminated intravascular coagulation (DIC), wound healing complications, sepsis & death.

\_\_\_\_\_ I understand that the primary complication can be hemorrhage which could require a blood transfusion.

\_\_\_\_\_ I understand that in spite of our best efforts, there is a 10-20% chance of mortality or death with surgery.

\_\_\_\_\_ I understand that mass may not be able to be completely removed or with clean margins due to anatomy.

\_\_\_\_\_ 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 pain management.

\_\_\_\_\_ 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 surgery for Liver Mass Removal (Liver Lobectomy) by Dr Jennifer Hoch.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Client's phone number

\_\_\_\_\_  
Date

Clinic Staff, please fill in:

Weight:\_\_\_\_\_ Temp:\_\_\_\_\_ HR:\_\_\_\_\_ RR:\_\_\_\_\_