



SURGICAL CONSENT & AUTHORIZATION

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

_____ I elect and consent for _____ surgery to be performed on my pet by Dr. Jessie Sutton, DACVS-SA.

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

_____ I understand the risks associated with this procedure that may include anesthetic risk, hemorrhage (bleeding), infection, wound healing complications, implant failure, recurrence & death.

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

_____ I understand that no guarantees are being made regarding the outcome.

_____ I consent for photographs and videos to be obtained of my pet for use by Roam Veterinary Surgery for case presentations, monitoring, and/or website or social media. CIRCLE ONE: YES NO

I hereby grant permission for my pet to undergo surgery performed by Dr. Jessie Sutton, DACVS-SA.

Client's signature Client's phone number Date