



SURGICAL CONSENT & AUTHORIZATION (Anal Sacculectomy)

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 anal sac disease (recurrent infections, impactions or a mass). I have been informed of the treatment options, including surgery.

_____ I elect and consent for anal sacculectomy surgery (anal sac removal) to be performed on my pet by Dr. Jessie Sutton, DACVS-SA.

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

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

_____ I understand there is a small chance of fecal incontinence (temporary or permanent) after surgery, especially with bilateral (right AND left) sided surgery.

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

_____ I understand that the surgical margins (for tumors) are likely to be narrow due to the anatomic location. Additional treatment (ex: chemotherapy) may be recommended after surgery.

_____ 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 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 anal sacculotomy surgery by Dr. Jessie Sutton,
DACVS-SA.

_____	_____	_____
Client's signature	Client's phone number	Date