



**SURGICAL CONSENT & AUTHORIZATION (Enterotomy/Resection&Anastomosis 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 \_\_\_\_\_. I have been informed of the treatment options, including surgery.

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

\_\_\_\_\_ I understand the risks associated with this procedure include: anesthetic risk, hemorrhage (bleeding), peritonitis (abdominal infection), incisional infection, intestinal leakage, wound healing complications, sepsis & death.

\_\_\_\_\_ I understand that intestinal surgery is associated with a 5-10% risk of dehiscence (leakage from the intestinal surgery site). If this complication occurs it is most likely to happen 3-5 days following surgery. This complication is life-threatening and requires emergency treatment and additional surgery.

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

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

\_\_\_\_\_ I understand that my pet may be administered Nocita (long acting local anesthetic that lasts 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 abdominal exploratory surgery by Dr. Jessie Sutton, DACVS-SA.

\_\_\_\_\_  
Client's signature                      Client's phone number                      Date

