



SURGICAL CONSENT & AUTHORIZATION (Subtotal Colectomy)

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

\_\_\_\_\_ I elect and consent for subtotal colectomy 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), incisional infection, wound healing complications, dehiscence (leakage from the colon surgery site), peritonitis (abdominal infection), sepsis & death.

\_\_\_\_\_ I understand that soft stools or diarrhea are common after this surgery for 2-4 weeks, and that stools may remain soft lifelong. I also understand that recurrence of constipation is also possible and may require medical treatment.

\_\_\_\_\_ 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 subtotal colectomy by Dr. Jessie Sutton, DACVS-SA.

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

