SURGICAL CONSENT & AUTHORIZATION (Amputation)

Date:_____ Referring Hospital:_____
Pet's name:_____ Client's name:_____
Pet's DOB:_____ Breed: _____ Sex: Male Female Altered: Yes No

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

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

RIGHT FRONT _____ LEFT FRONT_____ RIGHT HIND _____ LEFT HIND_____

_____ I understand the risks associated with this procedure include anesthetic risk (including death), hemorrhage, infection, wound healing complications, wound dehiscence, and nerve pain/phantom limb pain.

_____ I understand that no guarantees for outcome are being made.

_____ I understand that successful outcomes require proper home care, physical therapy and rehabilitation.

_____ I understand that my pet will be administered Nocita (local anesthetic lasting up to 72 hours) for additional pain control during surgery.

_____ 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 amputation surgery by Dr. Jessie Sutton, DACVS-SA.

_____ _____ _____

Client's signature Client's phone number Date