SURGICAL CONSENT & AUTHORIZATION (Splenectomy)

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 a mass or lesion affecting the spleen. I have been informed of the treatment options, including surgery.

_____ I elect and consent for abdominal exploratory surgery for spleen removal (splenectomy) +/- liver biopsy to be performed on my pet by Dr. Jessie Sutton, DACVS.

_____ I understand the risks associated with this procedure that include anesthetic risk, infection, wound healing complications, hemorrhage (blood loss, potentially necessitating a blood transfusion), ECG arrhythmias, DIC (disseminated intravascular coagulation), & sudden death.

_____ I understand that biopsy samples obtained during surgery will be submitted for histopathology (analysis under the microscope by a pathologist) by my veterinarian.

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

_____ 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