

Surgical Consent & Authorization

Anal Sacculectomy

Date: _____ Referring Hospital: _____

Pet's Name: _____ Client's name: _____

Pet's DOB: _____ Breed: _____ Sex: Male / Female Neutered: 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. Krista Adamovich, DACVS-SA.

_____ I understand surgery will be performed on the: (Circle & Initial) RIGHT _____ / LEFT _____

_____ I understand the risks associated with this procedure that **may include:** anesthetic risk, hemorrhage (bleeding), infection, wound healing complications, dehiscence (opening of the incision), the development of fistulous tracts & 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 consent for photographs and videos to be obtained of my pet for use by Roam ATX 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 sacculectomy surgery by Dr. Krista Adamovich, DACVS-SA.

Client's Signature

Client's Phone Number

Date

