

Surgical Consent & Authorization Perineal Hernia Repair with Neuter

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 a Perineal Hernia. I have been informed of the treatment options, including surgery.

_____ I elect and consent for Perineal Hernia Repair and Neuter surgery to be performed on my pet by Dr. Krista Adamovich, DACVS-SA.

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

_____ I understand the risks associated with this procedure that **may include:** anesthetic risk, hemorrhage (bleeding), infection, wound healing complications, dehiscence (opening of the incision), hernia recurrence & rarely death.

_____ The reported recurrence rate for perineal hernia repair is 10-35%. Recurrence is more likely to occur if straining to defecate continues. Soft formed stools (achieved with stool softeners) are recommended for at least 4 weeks post-op to minimize straining.

_____ I understand there is a small chance of fecal incontinence (temporary or permanent) after surgery if the nerves supplying the anal sphincter are damaged.

_____ 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 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 Perineal Hernia Repair and Neuter surgery by Dr. Krista Adamovich, DACVS-SA.

Client's Signature

Client's Phone Number

Date

