

Surgical Consent & Authorization Subtotal Colectomy

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 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. Krista Adamovich, DACVS-SA.

_____ I understand the risks associated with this procedure that **may include:** anesthetic risk, hemorrhage (bleeding), incisional infection, wound healing complications, dehiscence (leakage from the colon surgery site), peritonitis (abdominal infection), need for continued medical management, 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 (local anesthetic lasting up to 72 hours) for additional pain control. *Pending primary care DVM authorization & available supply.*

_____ 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 subtotal colectomy by Dr. Krista Adamovich, DACVS-SA.

Client's Signature

Client's Phone Number

Date

