

# Informed Consent Form

I, \_\_\_\_\_ the legal owner/foster/owner representative of \_\_\_\_\_ have been informed that my pet has the condition(s) listed below. I have been informed of the potential complications and/or extra charges that are associated with these conditions. I have voiced any questions and/or concerns and they have been answered to my satisfaction. I will not hold Dehart Veterinary Services or the staff liable for any complications resulting in the condition(s) that are circled below:

## **Geriatric (>6 years of age)**

### **Recommend Bloodwork**

- Risk of organ dysfunction(s)
- Risk of anesthetic complications

## **Pregnant/possibly pregnant**

### **Recommend PVC to monitor for bleeding**

- Risk of intra & post op hemorrhage

## **Dermatitis**

### **Recommend Antibiotic**

- Risk of post op infection

**Great Dane/Doberman** - Known bleeding disorders (not able to determine here)

### **Recommend PCV to monitor for bleeding**

- Bloat risk
- Risk of intra & post op bleeding

## **Brachycephalic**

- Risk of anesthetic complications, mainly compromised airways pre/post op

## **Aggression**

- Unable to perform pre/post-op exam
- Possibly unable to handle without extra sedation pre-op & post-op if complications.
- Recheck may also be limited

**Other:** \_\_\_\_\_

## **Cryptorchid**

### **Recommend cone and antibiotics**

- Possible abdominal surgery multiple incisions
- Risk of infections since incision is on the side

**Overweight** – extra surgery time and more difficult due to friable uterus/slippery

- Risk of anesthetic complications, mainly due to airway compromise
- Recovery typically prolonged
- Increased risk of ovarian remnant
- Increased risk of intra/post op bleeding

## **Prior surgery**

- Risk of adhesions
- Additional surgery time
- Bleeding from adhesions

## **Risk of scrotal swelling**

### **Cage rest, ice, E-collar**

- May require scrotal ablation
- Risk of scrotal swelling

## **Current/Prior mammary development**

- Risk of post-op infection
- Mastitis
- Incision dehiscence

## **Prior injury**

- Anesthesia risk, due to unforeseen injuries.
- Injury may become aggravated my surgery

Owner/Foster/Representative Printed name: \_\_\_\_\_

Owner/Foster/Representative Signature: \_\_\_\_\_

Witness printed name: \_\_\_\_\_ Veterinarian Signature: \_\_\_\_\_