

Dehart Veterinary Services

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 Antibiotics

- 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
- Swelling with males

Brachycephalic

- Risk of anesthetic complications, mainly compromised airways

Aggression

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

Cryptorchid

Recommend cone and antibiotics

- Possible abdominal surgery multiple incisions
- Risk of infections since incision is on the side
- **Overweight** - Surgery timelier 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

Prior surgery

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

Risk of swelling

Cage rest, ice, E-collar

- May require future 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

Other: _____

Owner/Foster/Representative Printed name: _____

Owner/Foster/Representative Signature: _____

Witness printed name: _____ Veterinarian Signature: _____