



**Surgical Consent Form for enucleation**

Owner name: \_\_\_\_\_ Pet Name: \_\_\_\_\_  
 Veterinary Hospital: \_\_\_\_\_  
 Primary veterinarian: \_\_\_\_\_  
 Patient age: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Patient sex: M MN F FS

\_\_\_\_\_ I have been notified by Dr. \_\_\_\_\_ of the reason for enucleation and informed of the different surgical and non surgical treatment options

\_\_\_\_\_ Surgery will be on the: Right \_\_\_\_\_ Left \_\_\_\_\_ (Please initial)

\_\_\_\_\_ I am aware that the prognosis for enucleation is usually excellent. I understand that, while the prognosis is excellent, guarantees are not being given.

\_\_\_\_\_ Possible complications are uncommon but can include: anesthesia risks (including possible death), infection, hemorrhage, swelling and bruising, vision loss in the other eye,

\_\_\_\_\_ Abiding by the post operative instructions is crucial for a proper recovery and to help avoid some of the above listed complications. Some of these complications will delay recovery and may necessitate further surgical intervention. There will be additional costs associated with these outcomes.

\_\_\_\_\_ I give consent to Dr. Cindy Eward of Synergy Mobile Veterinary Surgery to perform an enucleation on my pet

Y / N I consent to photographs/video of my pet to be used by Synergy Mobile Veterinary Surgery for continuing education lectures, monitoring, case documentation and social media

\_\_\_\_\_  
 Client Signature Client Phone number Date

Office Use Only:  
 Weight (kg): \_\_\_\_\_ Temp: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_

Confirm leg: LEFT RIGHT