



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Digit Amputation

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

A digit amputation is being recommended as the most appropriate surgical repair.

_____ I have been notified by Dr. _____ of the diagnosis leading to a recommendation of digit amputation and informed of the different surgical and non surgical treatment options

_____ Surgery will be on the:

Front Leg _____ Rear Leg _____

Right side _____ Left side _____
(Please initial)

_____ I am aware that the success rate for digit amputation surgery is usually excellent. I understand that, while the prognosis is excellent, guarantees are not being given.

_____ Possible complications are uncommon but can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising, difficulty walking, incisional dehiscence.

_____ I am aware that a bandage/splint will likely be needed in the post operative period. This bandage will need to be kept clean and dry and changed regularly by my veterinarian.

_____ Abiding by the post operative instructions is crucial for a proper recovery and to help avoid the postoperative complications.

_____ I give consent to Dr. Cindy Eward of Synergy Mobile Veterinary Surgery to perform a digit amputation 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