

## Surgical Consent & Authorization Brachycephalic Surgery

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 Brachycephalic Obstructive Airway Syndrome (elongated soft palate, stenotic nares, +/- everted laryngeal sacculles). I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for surgery to be performed (resection of elongated palate, nares resection and removal of everted sacculles, if present) on my pet by Dr. Krista Adamovich, DACVS-SA.

\_\_\_\_\_ I understand the risks associated with this procedure that **may include:** anesthetic risk, hemorrhage (bleeding), infection, wound healing complications, regurgitation, aspiration pneumonia, pharyngeal swelling after surgery & rarely death.

\_\_\_\_\_ I understand that if difficulty with breathing occurs due to swelling after surgery, this may require intubation, oxygen supplementation, monitoring at a 24-hour emergency hospital and possibly placement of a temporary tracheostomy.

\_\_\_\_\_ I understand that there is no guarantee of success or resolution with surgery. Breathing issues are expected to improve but not resolve. Snoring will likely still occur. Long term lifestyle changes are still recommended for any brachycephalic breed (avoiding overheating, maintaining lean body condition).

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions.

\_\_\_\_\_ 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 surgery by Dr. Krista Adamovich, DACVS-SA.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Phone Number

\_\_\_\_\_  
Date

