



LAPAROSCOPIC PROCEDURE CONSENT FORM

_____ is scheduled today for:
Pet's Name/Client Last Name

- Laparoscopic Ovariectomy (removal of ovaries only; ie. Spay)
- Laparoscopic Ovariohysterectomy (removal of ovaries and uterus; ie. Spay)
- Laparoscopic Gastropexy (tacking of stomach to body wall for prevention of bloat)
- Laparoscopic Cryptorchid Neuter (retained testicle neuter)
- Laparoscopic Exploratory Surgery, Organ Biopsy, Other

Please be advised that, for the safety of your pet, it may be necessary to convert to a normal open surgical procedure during your pet's laparoscopic procedure. If this occurs, your pet will have a longer incision and possibly a longer hospital stay. It is up to the discretion of your pet's surgeon as to whether a conversion needs to occur. We will make every attempt to continue with the laparoscopic procedure as planned.

Signature of Pet Owner or Agent

Date