



Surgical Release Form for Salivary Mucocele

Owner: _____ Patient: _____ Date: _____

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed: _____

I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the referring veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk. I realized that no guaranty or warranty can ethically or professionally be made regarding the results or cure.

I authorize the surgeons and/or associates (Drs. Harper and Franklin) of Texas Specialty Veterinary Services, PLLC to perform surgery on my pet. I am also aware that Dr. Harper is board certified in large animal surgery only but have retrained in small animal surgery as well, therefore, offers their services to small animal clients and their animals. I have also been made aware that Dr. Franklin is small animal surgery residency trained, but has not become board certified at this time. At this time Dr. Franklin's title is Practice Limited to Surgery. I understand that there are other board-certified surgeons in small animal available in the area.

Your pet has been diagnosed with a salivary mucocele that requires surgical removal. These form as a result of a blockage, tearing, or infection of the duct leading from the salivary gland to the mouth. There are six different salivary glands on each side of the head and in most cases, the mandibular salivary gland is the one that is causing the problem. In some patients, tests may need to be done before surgery (or if the mucocele recurs) to determine not only which gland is involved, but which side is involved. We plan to remove the gland and either open the sac filled with saliva that has formed to drain or place a drain in the sac to be removed later. Depending upon where the sac is located (under the neck, under the tongue, back of the throat), different surgical techniques may be utilized. Since there are so many other salivary glands, dry mouth is rarely an issue.

The undersigned owner or authorized agent of admitted patient _____ hereby authorize the admitting veterinarian (and his/her designated associates or assistants) to administer such treatment as is necessary to perform the below-mentioned procedure. The nature of the procedure(s) has been explained to

me and no guarantee has been made as to results or cure. I understand that there may be risk involved in these procedures.

I consent to the administration of such anesthetics or tranquilizers as are necessary.

Anesthetic Risks: (Although every effort is made to make anesthesia as safe as possible including vital sign monitoring and use of the most up to date anesthetic agents and equipment, understand that anesthesia has inherent risks). The incidence of complications from anesthesia is extremely low and we do not anticipate any in your pet but on rare occasions the following can occur:

1. Allergic reaction to the anesthetic agents
2. Heart rhythm abnormalities
3. Untoward reactions to the gas including drops in blood pressure or respiratory difficulties
4. Just like in humans, on very rare occasions, general anesthesia can result in death.

I consent to the following surgical procedure(s) : Mandibular Salivary Gland Removal with Mucocele Drainage

Major Surgical Risks:

1. Infection (rare)
2. Seroma formation in sac where saliva had collected (usually resorbs over time)
3. Recurrence of the mucocele if inadequate tissue is removed or a different gland is involved

Strict adherence to post-surgical care and medicating of your pet will minimize these potential complications and serious problems are very uncommon in most cases.

Texas Specialty Veterinary Services (TSVS) occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name. TSVS would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians and veterinarians.

Please initial to allow TSVS to mention your pet _____

Date	Pet Owner/Agent Signature	Phone I Can Be Reached At Today
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