



## Mobile Veterinary IM Specialists *Bringing Insight Onsite*

Tatjana K. Mirkovic, BSc, DVM, DACVIM (Small Animal)  
Board Certified Specialist in Small Animal Internal Medicine

# ENDOSCOPY PROCEDURE INFORMED CONSENT

I, \_\_\_\_\_ the owner of the pet named \_\_\_\_\_ understand that my  
(Owner's name-please print) (Patient's name-please print)

family veterinarian who is managing the care of my pet has recommended a diagnostic procedure called **Endoscopy** for the purpose of either collection of biopsies of the lining of the gastrointestinal tract OR attempted removal of a foreign body (foreign object) which my pet is believed to have swallowed.

Endoscopic procedures in dogs and cats are generally very safe, non-painful, and can help to non-invasively/non-surgically yield a diagnosis. Generally, the benefits far outweigh any risks.

**Please read and initial that you understand each statement and that your family veterinarian has discussed each of these points with you before we proceed with the requested diagnostic procedure to try to help your pet.**

1. My veterinarian has discussed with me and explained the reasons why he/she feels the planned diagnostic procedure is indicated to try to help diagnose or treat my pet's condition and has discussed that the benefits of this procedure are considered to outweigh any risks to my pet's health. \_\_\_\_\_  
(owner initial)
2. My veterinarian has explained to me that my pet will be sedated and undergo a general anesthetic which will be monitored by my family veterinarian and his/her team of trained veterinary nursing staff while a veterinary specialist performs the procedure. My veterinarian has informed me of the risks of general anesthesia which are generally very low, but in rare cases can be life-threatening (cardiopulmonary arrest), and very rarely can include the development of an esophageal stricture post anesthesia from reflux of gastric acid. My veterinarian has also informed me of the risks of the endoscopic procedure to be undertaken (intestinal perforation – an extremely low risk but risk is higher in cancerous tissues or with a chronic esophageal foreign body). Unexpected severe bleeding is possible but very unlikely unless the patient has an unknown bleeding disorder (genetic or acquired). I understand that the expected benefit of the endoscopic procedure to be undertaken is considered to far outweigh any risk of complications. \_\_\_\_\_  
(owner initial)
3. I understand that a board certified Small Animal Veterinary Internal Medicine Specialist (Diplomate of the American College of Veterinary Internal Medicine) will be performing the endoscopic procedure and will provide my family veterinarian a verbal and written report of the findings which my veterinarian will discuss with me. Should you and your veterinarian choose, a follow-up in-person appointment OR tele-consult can be arranged with the specialist to help interpret biopsy/test results and to provide further advice regarding the medical care of your pet. There is an added fee for this follow-up consultation should it be requested and undertaken at a later date. \_\_\_\_\_  
(owner initial)
4. I understand that there is no guarantee that a gastrointestinal foreign body if present will be successfully removed endoscopically. In some cases, the veterinary specialist will determine that the object simply cannot be safely removed and that it may be in my pet's best interest to have it removed surgically. I understand that there is no guarantee that endoscopic biopsies will yield a definitive diagnosis, but my veterinarian has recommended the planned procedure in good faith that the procedure will help my pet's condition/further a diagnosis for my pet. \_\_\_\_\_  
(owner initial)
5. I understand that after the procedure has been performed my pet will remain in the care of my family veterinarian and their nursing team and not the care of the specialist performing the procedure unless otherwise agreed upon.

I have read and fully understand all the above statements. On the basis of this information, and the discussion my veterinarian has had with me I consent to have the diagnostic procedure \_\_\_\_\_ recommended by my veterinarian performed on my pet.  
(veterinarian please fill in name of procedure)

\_\_\_\_\_  
Owner/Legal Guardian/Agent for owner Signature

\_\_\_\_\_  
Date: Month/Day/Year