



Mobile Veterinary IM Specialists *Bringing Insight Onsite*

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RHINOSCOPY 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 **Rhinocopy** for the purpose of either examination of my pet's nasal passages and throat collection and of biopsies of the lining of the nasal passages OR attempted visualization and removal of a foreign body (foreign object) that may be lodged in my pet's nasal passages.

Rhinocopy procedures in dogs and cats are generally very safe, and can help to non-invasively/non-surgically yield a diagnosis. Generally, the benefits far outweigh any risks. The diagnostic yield is increased if a nasal/sinus CT imaging is performed before the rhinocopy procedure. Your veterinarian should have discussed this option with you.

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 rhinocopy procedure to be undertaken which rarely could include worsening of the original symptoms temporarily, or very rarely severe unexpected ongoing bleeding necessitating additional medical care and hospitalization. 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 rhinocopy 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 diagnosis will be made even if the rhinocopy is performed and biopsies are collected and that there is no guarantee that a nasal foreign body will be found and removed but that best efforts will be made to perform a thorough evaluation in order to help your pet and further a diagnosis. I understand that 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 rhinocopy procedure with nasal biopsies (if indicated) as recommended by my veterinarian performed on my pet.

Owner/Legal Guardian/Agent for owner Signature

Date: Month/Day/Year