Jennifer Hoch, DVM
Diplomate ACVS

MVSS
mobile veterinary surgical services

MVSSforpets@gmail.com
www.MVSS.info
(336) 580-4570

SURGICAL CONSENT & AUTHORIZATION for Angular Limb Deformity Surgery

Date:_____ Referring Hospital:_____

Pet's name:_____ Client's name:_____

Pet's DOB:_____ Breed: _____ Sex: Male Female Altered: Yes No

_____ This document acknowledges that I have been informed by Dr. _____ that my pet has an angular limb deformity. I have been informed of the treatment options, including surgery.

_____ I elect and consent for Proximal Ulnar Osteotomy and Distal Radial Corrective Osteotomy surgery to be performed on my pet by Dr Jennifer Hoch, DACVS.

_____ Surgery will be performed on the: RIGHT_____ LEFT_____

_____ I understand that a bandage/splint will be placed after surgery. The bandage must be kept clean, dry and be changed regularly (every week). An improperly cared for bandage can cause wounds and sores.

_____ I understand the risks associated with this procedure that may include anesthetic risk, hemorrhage, infection, wound healing complications, implant failure & death.

_____ I understand that my pet has arthritic changes present in the elbow and carpus which may require supplements and medications lifelong. This can also cause intermittent or permanent lameness.

_____ I understand that guarantees are not being made for outcome, and surgical is not expected to return my pet to normal.

_____ I understand that successful outcomes require proper home care and restrictions. I understand that no guarantees are being made.

_____ I understand that my pet will be administered Nocita (local anesthetic lasting up to 72 hours) for additional pain control.

_____ I consent for photographs and videos to be obtained of my pet for use by MVSS for case presentations, monitoring, and/or website or social media.

I hereby grant permission for my pet to have surgery by Dr Jennifer Hoch.

_____ _____ _____

Client's signature | Client's phone number | Date

Clinic Staff, please fill in:

Weight:_____ Temp:_____ HR:_____ RR:_____ Confirm Leg: Circle One LEFT RIGHT