

Jennifer Hoch, DVM  
Diplomate ACVS



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## SURGICAL CONSENT & AUTHORIZATION for FHO 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 a hip problem. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for FHO repair (femoral head and neck ostectomy) surgery to be performed on my dog by Dr Jennifer Hoch, DACVS. This is a salvage surgery that removes the ball portion of the hip joint to create a "false joint" of scar tissue and alleviate pain.

\_\_\_\_\_ I understand surgery will be on the: (Circle & initial) RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

\_\_\_\_\_ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, nerve damage, infection, & permanent lameness.

\_\_\_\_\_ I understand that the surgical success rate with FHO surgery is reported for 80-90% of dogs and cats having a good long term outcome.

\_\_\_\_\_ I understand that no guarantees for outcome are being made.

\_\_\_\_\_ I understand that successful outcomes require proper home care, physical therapy and rehabilitation. Without aggressive therapy (walking, stretching, exercises, other therapy), a permanent lameness could result.

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

\_\_\_\_\_ 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 undergo FHO 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