Jennifer Hoch, DVM
Diplomate ACVS

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SURGICAL CONSENT & AUTHORIZATION for Implant Removal 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 is suspected to have implants that are loose, broken or infected. I have been informed of the treatment options, including surgery.

_______ I elect and consent for Explantation surgery (to remove previously placed implants) to be performed on my pet by Dr Jennifer Hoch, DACVS.

_______ Surgery will be performed on the: RIGHT_________ LEFT__________

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

_______ I understand that if all portions of the implants are not able to be removed today, an effort will be made to remove as much as possible.

_______ I understand that lab tests (ie Culture) may be obtained and submitted for your veterinarian.

_______ I understand that successful outcomes require proper home care and restrictions.

_______ I understand that no guarantees are being made that the lameness or infection will be resolved.

_______ 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 implant removal 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