

## SURGICAL CONSENT & AUTHORIZATION for UAP (Ununited Anconeal Process) 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 Ununited Anconeal Process (UAP) in the elbow. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for Excision/Removal of the Ununited Anconeal Process Surgery 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, implant failure & death.

\_\_\_\_\_ I understand that my pet has arthritic changes present in the elbow 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.

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

\_\_\_\_\_ 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