

## SURGICAL CONSENT & AUTHORIZATION for TPLO & MPL 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 a cranial cruciate ligament rupture (CCLR) and medially luxating patella. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for TPLO (tibial plateau leveling osteotomy) and MPL correction surgery to be performed on my dog by Dr Jennifer Hoch, DACVS.

\_\_\_\_\_ 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, implant failure, delayed healing, & very rarely death.

\_\_\_\_\_ I understand that the surgical success rate with TPLO is reported for 93-95% of dogs having a good to excellent long term outcome. Complications can occur in 5-7% of cases. If infection occurs, recovery can be delayed and the need for implant removal surgery may be necessary (at additional cost). There is a 5-7% chance of recurrence of MPL.

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions. I understand that guarantees are not being made for outcome.

\_\_\_\_\_ I understand that 50-60% of dogs with a torn CCL will have the same problem in the opposite leg.

\_\_\_\_\_ I understand that my pet will be administered Nocita (local anesthetic lasting up to 72 hours) for 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 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

## OPTIONAL LICK SLEEVE ORDER

Date: \_\_\_\_\_ Referring Hospital/Doctor: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Client's name: \_\_\_\_\_

\_\_\_\_\_ This document acknowledges that I have been informed that my pet is not permitted to lick or chew at the surgical incision. I have been informed of the treatment options, Lick Sleeve and Elizabethan collar (E-collar or "cone of shame").

\_\_\_\_\_ The Lick Sleeve is an optional alternative to cover and protect the incision when the pet is supervised.

\_\_\_\_\_ The incision should still be monitored at least once per day.

\_\_\_\_\_ I CHOOSE TO PURCHASE THE LICK SLEEVE FOR MY PET FOR AN ADDITIONAL \$100.

\_\_\_\_\_ I DECLINE TO PURCHASE THE LICK SLEEVE FOR MY PET

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Client's phone number

\_\_\_\_\_  
Date

### SIZE GUIDE

### MEASURE IN ORDER:



	1. WAIST SIZE (IN)	2. WEIGHT (LBS)	3. HEIGHT* (IN)
<b>XS</b>	10.5-16	12.5-20	9-15
<b>S</b>	13-18	20-30	14-18
<b>M</b>	14-20	30-50	16-20
<b>L</b>	20-28	50-80	18-24
<b>XL</b>	24-37.5	80-120	24-31.5

### FIT TIPS

\*SLEEVE LENGTH IS TRIMMABLE WITHOUT FRAYING.  
\*\*IF IN BETWEEN SIZES PICK SMALLER, SNUG FIT.