Jennifer Hoch, DVM
Diplomate ACVS

MVSS
mobile veterinary surgical services

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# CONSENT & AUTHORIZATION

Date: _____ Referring Hospital/Doctor: _____

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 _____. I have been informed of the treatment options, including joint injections under sedation.

_____ I elect and consent for an intra-articular joint injection to be performed on my pet by Dr Jennifer Hoch, DACVS. This may contain steroids and/or joint lubricants.

_____ *If applicable: Procedure will be performed on the: RIGHT _____ LEFT _____

Please list joint being injected:_____

_____ I understand the risks associated with this procedure that may include sedation risk, hemorrhage, infection, lack of improvement.

_____ *If applicable: I understand that lab tests (ie Cytology, Culture) may be obtained and submitted for your veterinarian.

_____ I understand that guarantees are not being made for outcome.

_____ 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 a joint injection under sedation by Dr Jennifer Hoch.

_____ _____ _____

Client's signature Client's phone number Date

Clinic Staff, please fill in:

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