

Jennifer Hoch, DVM
Diplomate ACVS



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SURGICAL CONSENT & AUTHORIZATION for Partial Tarsal Arthrodesis

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 sustained a severe tarsal injury (hock injury). I have been informed of the treatment options, including surgery.

_____ I elect and consent for Partial Tarsal Arthrodesis and Bone Graft surgery to be performed on my pet 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, injury to bone graft site & very rarely death.

_____ I understand that additional bandage or splint care WILL be necessary after surgery for 8 weeks. This would require regular home care, monitoring, and bandage changes for proper healing.

_____ I understand that successful outcomes require proper home care and restrictions. No guarantees are being made regarding healing or outcome after surgery.

_____ I understand that if infection or implant failure occurs, additional procedures may be necessary that include culture, medications and surgery to remove the implants.

_____ 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 undergo Partial Tarsal Arthrodesis and Bone Graft 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