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## SURGICAL CONSENT & AUTHORIZATION for Achilles Tendon Repair

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 LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_ Achilles tendon (Common Calcaneal Tendon) rupture (partial or complete). I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for surgical repair and/or reattachment of the Achilles tendon 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, recurrence, delayed healing, & very rarely death.

\_\_\_\_\_ I understand that a bandage and splint will be necessary after surgery for 8 weeks. This will require regular home care, monitoring, and bandage changes (every 1-2 weeks) for proper healing. Bandage wounds/sores are possible.

\_\_\_\_\_ 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 pain management.

\_\_\_\_\_ 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 Achilles tendon repair surgery 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