Jennifer Hoch, DVM
Diplomate ACVS

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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.

_____ I understand surgery will be on the: (Circle & initial) 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