

Jennifer Hoch, DVM  
Diplomate ACVS



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## SURGICAL CONSENT & AUTHORIZATION for Implant Removal Surgery

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 implants that are loose, broken or infected. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for exploratory surgery (to remove previously placed implants) 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 & death.

\_\_\_\_\_ I understand that if all portions of the implants are not able to be removed today, an effort will be made to remove as much as possible.

\_\_\_\_\_ I understand that lab tests (ie Culture) may be obtained and submitted for your veterinarian.

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions.

\_\_\_\_\_ I understand that no guarantees are being made that the lameness or infection will be resolved.

\_\_\_\_\_ 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 implant removal 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