

SURGICAL CONSENT & AUTHORIZATION for FHO

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 a hip problem. I have been informed of the treatment options, including surgery.

_____ I elect and consent for FHO repair (femoral head and neck ostectomy) surgery to be performed on my dog by Dr Jennifer Hoch, DACVS. This is a salvage surgery that removes the ball portion of the hip joint to create a "false joint" of scar tissue and alleviate pain.

_____ 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, & permanent lameness.

_____ I understand that the surgical success rate with FHO surgery is reported for 80-90% of dogs and cats having a good long term outcome.

_____ I understand that no guarantees for outcome are being made.

_____ I understand that successful outcomes require proper home care, physical therapy and rehabilitation. Without aggressive therapy (walking, stretching, exercises, other therapy), a permanent lameness could result.

_____ I understand that my pet will be administered Nocita (local anesthetic lasting up to 72 hours) for additional pain control during surgery.

_____ 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. CIRCLE ONE: YES NO

I hereby grant permission for my pet to undergo FHO surgery by Dr Jennifer Hoch.

Client's signature

Client's phone number

Date

For Office Use Only:

Weight: _____ Temp: _____ HR: _____ RR: _____

Confirm Leg: Circle One LEFT RIGHT