

Jennifer Hoch, DVM  
Diplomate ACVS



MVSSforpets@gmail.com  
www.MVSS.info  
336-580-4570

## SURGICAL CONSENT & AUTHORIZATION for TPLO

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 is suspected to have a cranial cruciate ligament rupture (CCLR). I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for TPLO (tibial plateau leveling osteotomy) surgery to be performed on my dog 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, & very rarely death.

\_\_\_\_\_ I understand that the surgical success rate with TPLO is reported for 93-95% of dogs having a good to excellent long term outcome. Complications can occur in 5-7% of cases. If infection occurs, recovery can be delayed and the need for implant removal surgery may be necessary (at additional cost). I understand that guarantees are not being given.

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions. I understand that guarantees are not being made for outcome.

\_\_\_\_\_ I understand that 50-60% of dogs with a torn CCL will have the same problem in the opposite leg.

\_\_\_\_\_ 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. CIRCLE ONE: YES NO

I hereby grant permission for my pet to undergo TPLO 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