

Jennifer Hoch, DVM
Diplomate ACVS



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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 elect for my pet to be administered Nocita (local anesthetic lasting up to 72 hours) for additional \$200. CIRCLE ONE: YES NO

_____ 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