

## SURGICAL CONSENT & AUTHORIZATION for Partial Tarsal Arthrodesis

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 sustained a severe LEFT RIGHT tarsal injury (hock injury). I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for Partial Tarsal Arthrodesis and Bone Graft 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 include anesthetic risk, hemorrhage, nerve damage, infection, implant failure, delayed healing, injury to bone graft site & very rarely death.

\_\_\_\_\_ I understand that additional bandage or splint care WILL be necessary after surgery for 8 weeks. This would require regular home care, monitoring, and bandage changes for proper healing.

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions. No guarantees are being made regarding healing or outcome after surgery.

\_\_\_\_\_ I understand that if infection or implant failure occurs, additional procedures may be necessary that include culture, medications and surgery to remove the implants.

\_\_\_\_\_ 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 Partial Tarsal Arthrodesis and Bone Graft 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