

Jennifer Hoch, DVM  
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## SURGICAL CONSENT & AUTHORIZATION for Ligament Reconstruction Surgery

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 torn ligaments in the \_\_\_\_\_ joint(s). I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for \_\_\_\_\_ Ligament Reconstruction surgery to be performed on my pet by Dr Jennifer Hoch, DACVS.

\_\_\_\_\_ \*If applicable: Surgery will be performed on the: RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

\_\_\_\_\_ I understand the risks associated with this procedure that may include anesthetic risk, hemorrhage, infection, wound healing complications, implant failure, recurrence & death.

\_\_\_\_\_ I understand that arthritis is likely to occur. This could cause intermittent or permanent lameness. Medications and joint supplements may be recommended.

\_\_\_\_\_ I understand that guarantees are not being made for outcome.

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

\_\_\_\_\_ I understand that a bandage and splint will be placed after surgery and will require monitoring, care and bandage changes.

\_\_\_\_\_ I understand that some implants may require removal in the future.

\_\_\_\_\_ 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.

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

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Client's phone number

\_\_\_\_\_  
Date

Clinic Staff, please fill in:

Weight:\_\_\_\_\_ Temp:\_\_\_\_\_ HR:\_\_\_\_\_ RR:\_\_\_\_\_

Confirm Leg: Circle One LEFT RIGHT