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## SURGICAL CONSENT & AUTHORIZATION for Fracture Repair 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 has sustained a \_\_\_\_\_ non-union fracture. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for surgical fracture repair and bone graft 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, & very rarely death.

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

\_\_\_\_\_ I understand that if the fracture involves the joint, osteoarthritis could be expected in the future. Weight management, supplements, and medications may be recommended. Intermittent lameness may occur.

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

\_\_\_\_\_ I understand that guarantees are not being made regarding healing or outcome after surgery. Non-union fractures have a higher complication for healing.

\_\_\_\_\_ 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 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 undergo fracture repair 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

## OPTIONAL LICK SLEEVE ORDER

Date:\_\_\_\_\_ Referring Hospital/Doctor:\_\_\_\_\_

Pet's name:\_\_\_\_\_ Client's name:\_\_\_\_\_

\_\_\_\_\_ This document acknowledges that I have been informed that my pet is not permitted to lick or chew at the surgical incision. I have been informed of the treatment options, Lick Sleeve and Elizabethan collar (E-collar or "cone of shame").

\_\_\_\_\_ The Lick Sleeve is an optional alternative to cover and protect the incision when the pet is supervised.

\_\_\_\_\_ The incision should still be monitored at least once per day.

\_\_\_\_\_ I CHOOSE TO PURCHASE THE LICK SLEEVE FOR MY PET FOR AN ADDITIONAL \$100.

\_\_\_\_\_ I DECLINE TO PURCHASE THE LICK SLEEVE FOR MY PET

Client's signature

Client's phone number

Date

### SIZE GUIDE

### MEASURE IN ORDER:



#### HEIGHT

Measure from the top of your dogs back down to the ankle/hock

**XS**

10.5-16

12.5-20

9-15

**S**

13-18

20-30

14-18

**M**

14-20

30-50

16-20

**L**

20-28

50-80

18-24

**XL**

24-37.5

80-120

24-31.5

**XXL**

27.5-45

120-190

27.5-43

### FIT TIPS

\*SLEEVE LENGTH IS TRIMMABLE WITHOUT FRAYING.  
\*\*IF IN BETWEEN SIZES PICK SMALLER, SNUG FIT.