



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Tibial plateau leveling osteotomy (TPLO)

Owner name: _____ Pet Name: _____

Veterinary Hospital: _____

Primary veterinarian: _____

Patient age: _____ Breed: _____

Patient sex: M MN F FS

Your pet has been diagnosed with a torn cranial cruciate ligament and a tibial plateau leveling osteotomy (TPLO) is being recommended as the most appropriate surgical repair.

_____ I have been given a copy of the TPLO information sheet

_____ I have been notified by Dr. _____ of the diagnosis of a suspect cranial cruciate ligament injury and informed of the different surgical and non surgical treatment options

_____ Surgery will be on the: Right _____ Left _____ (Please initial)

_____ I am aware that the success rate for TPLO surgery is over 92% and the prognosis is usually excellent. I understand that, while the prognosis is excellent, guarantees are not being given.

_____ Possible complications are uncommon but can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising, implant failure, fracture of the tibia or fibula. If infection or implant failure occurs implant removal may be recommended and additional costs will be incurred.

_____ Abiding by the post operative instructions is crucial for a proper recovery and to help avoid the post operative complications.

_____ I have been informed that 50% of dogs will develop cranial cruciate ligament (ACL) injury in the opposite limb during their lifetime

_____ I give consent to Dr. Cindy Eward of Synergy Mobile Veterinary Surgery to perform a tibial plateau leveling osteotomy on my pet

Y / N I consent to photographs/video of my pet to be used by Synergy Mobile Veterinary Surgery for continuing education lectures, monitoring, case documentation and social media

Client Signature

Client Phone number

Date

Office Use Only:

Weight (kg): _____ Temp: _____ HR: _____ RR: _____

Confirm leg: LEFT

RIGHT