



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Femoral Head Ostectomy (FHO)

Owner name: _____ Pet Name: _____

Veterinary Hospital: _____

Primary veterinarian: _____

Patient age: _____ Breed: _____

Patient sex: M MN F FS

Your pet has been diagnosed with disease of the hip and a Femoral Head Ostectomy (FHO) is being recommended as the most appropriate surgical repair.

_____ I have been notified by Dr. _____ of the diagnosis of a hip 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 FHO surgery is over 90% 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, continued lameness

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

_____ I have been informed that postoperative physical therapy is crucial for surgical success

_____ I give consent to Dr. Cindy Eward of Synergy Mobile Veterinary Surgery to perform a femoral head ostectomy 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