



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Orthopedic Surgery

Owner name: _____ Pet Name: _____

Veterinary Hospital: _____

Primary veterinarian: _____

Patient age: _____ Breed: _____

Patient sex: M MN F FS

Surgery being performed: _____

_____ I have been notified by Dr. _____ of the diagnosis 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 surgery is usually very good. I understand that, while the prognosis is very good, 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 give consent to Dr. Cindy Eward of Synergy Mobile Veterinary Surgery to perform _____ 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