



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent form for fracture repair

Owner name: _____ Pet Name: _____

Veterinary Hospital: _____

Primary veterinarian: _____

Patient age: _____ Breed: _____

Patient sex: M MN F FS

Your pet has been diagnosed with a fracture (broken bone) and surgical repair is being recommended as the most appropriate treatment option.

_____ I have been notified by Dr. _____ of the diagnosis of a fracture and informed of the different surgical and non surgical treatment options

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

_____ I am aware that the success rate for fracture repair is over 90% for most cases 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 non union, nerve injury, secondary soft tissue injury. 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 a fracture repair 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