



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Implant Removal

Owner name: _____ Pet Name: _____

Veterinary Hospital: _____

Primary veterinarian: _____

Patient age: _____ Breed: _____

Patient sex: M MN F FS

Your pet has been scheduled to have their orthopedic implants (plates, screws, pins) removed.

_____ I have been notified by Dr. _____ of the need for implant removal and informed of the different surgical and non surgical treatment options

_____ Surgery will be on the: Right forelimb _____ Left forelimb _____

Right hindlimb _____ Left hindlimbs _____ (Please initial)

_____ I am aware that the success rate for implant removal 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, inability to remove all implants - usually due to bone overgrowth or previous implant breakage, persistent lameness, underlying bone disease such as infection, non union (incomplete healing)

_____ If incomplete bone healing is noted further bone repair may be indicated based on recheck x-rays after implant removal. This will be discussed prior to any further repair but could lead to further fees if necessary.

_____ 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 remove the previously placed orthopedic implants 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