



SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Lateral patellar luxation (MPL) repair and

Owner name: _____ Pet Name: _____
Veterinary Hospital: _____
Primary veterinarian: _____
Patient age: _____ Breed: _____
Patient sex: M MN F FS

_____ I have been notified of the diagnosis of a lateral patellar luxation by
Dr. _____ 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 prognosis for LPL surgery is usually excellent. I understand
that, while the prognosis is excellent, guarantees are not being given. If implant migration or
infection occurs, recovery can be delayed and implant removal may be recommended and
further costs may be incurred. This is more likely in the patients with a grade IV luxation.

_____ Possible complications are uncommon but can include: anesthesia risks (including -
very rarely - possible death), infection, nerve injury, hemorrhage, swelling and bruising,
implant failure, fracture of the tibia, recurrence of patellar luxation

_____ Implant shifting or breakage can delay recovery

_____ Abiding by the post operative instructions is crucial for a proper recovery and to help
avoid some of the above listed complications. Some of these complications will delay
recovery and may necessitate further surgical intervention and expense

_____ I give consent to Dr. Cindy Eward of Synergy Mobile Veterinary Surgery to perform
Lateral patellar luxation correction 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