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 or Dr. Marc Hirshenson 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