



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 or Dr. Marc Hirshenson 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