

Date: _____ Referring Hospital: _____

Pet's Name: _____ Client's name: _____

Pet's DOB: _____ Breed: _____ Sex: Male / Female Neutered: Yes / No

_____ This document acknowledges that I have been informed by Dr. _____ that my pet has a hip problem. I have been informed of the treatment options, including surgery.

_____ I elect and consent for FHO (femoral head and neck ostectomy) surgery to be performed on my pet by Dr. Krista Adamovich, DACVS-SA. This is a salvage surgery that removes the ball portion of the hip joint to create a "false joint" of scar tissue and alleviate pain in the joint.

_____ I understand surgery will be performed on the: (Circle & Initial) RIGHT _____ / LEFT _____

_____ I understand the risks associated with this procedure that **may include:** anesthetic risk, hemorrhage (bleeding), nerve damage, infection, & ongoing lameness.

_____ I understand that the surgical success rate with FHO surgery is reported as 80- 90% of dogs and cats having a good long term outcome.

_____ I understand that guarantees are not being made regarding healing or outcome after surgery.

_____ I understand that successful outcomes require proper home care, physical therapy and rehabilitation.

_____ I understand that my pet will be administered Nocita (local anesthetic lasting up to 72 hours) for additional pain control.

_____ I consent for photographs and videos to be obtained of my pet for use by Roam ATX Veterinary Surgery for case presentations, monitoring, and/or website or social media. CIRCLE ONE: YES / NO

I hereby grant permission for my pet to undergo FHO surgery by Dr. Krista Adamovich, DACVS-SA.

Client's Signature

Client's Phone Number

Date

