

# Surgical Consent & Authorization Fracture

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 sustained a (Please Circle) LEFT / RIGHT \_\_\_\_\_ fracture. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for surgical fracture repair to be performed on my pet by Dr. Krista Adamovich, DACVS-SA.

\_\_\_\_\_ 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, implant failure, delayed healing & very rarely death.

\_\_\_\_\_ I understand that an additional bandage or splint may be necessary after surgery. This would require regular home care, monitoring, and bandage changes with a veterinary professional for proper healing.

\_\_\_\_\_ I understand that if the fracture involves the joint, osteoarthritis could be expected in the future. Weight management, supplements, and medications may be recommended. Intermittent lameness may occur.

\_\_\_\_\_ I understand that successful outcomes require proper home care and restrictions.

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

\_\_\_\_\_ I understand that if infection or implant failure occurs, additional procedures may be necessary that include culture, medications and surgery to remove the implants.

\_\_\_\_\_ 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 fracture repair surgery by Dr. Krista Adamovich, DACVS-SA.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Phone Number

\_\_\_\_\_  
Date

