

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 is suspected to have a cranial cruciate ligament (CrCL) rupture. I have been informed of the treatment options, including surgery.

_____ I elect and consent for TPLO (tibial plateau leveling osteotomy) surgery to be performed on my dog by Dr. Krista Adamovich, DACVS-SA.

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

_____ 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 the reported long term success rate with TPLO is good to excellent in 90 -95% of patients. Complications are reported to occur in ~5-15% of cases. If infection occurs, recovery can be delayed and implant removal surgery may be needed (at additional cost). I understand that guarantees are not being made regarding healing or outcome after surgery.

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

_____ I understand that 50-60% of dogs with a torn CCL will develop the same problem in the opposite leg. I also understand a small percentage of dogs (<5%) may develop a meniscal injury/tear in the future that could require additional surgery.

_____ 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 consent to purchasing a Lick Sleeve™ to protect my pet's incision. This can be worn as an alternative to or in conjunction with a cone collar to prevent self-trauma to the incision.

The cost for a Lick Sleeve™ is \$80. CIRCLE ONE: YES / NO

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

Client's Signature

Client's Phone Number

Date

