



### SURGICAL CONSENT & AUTHORIZATION (Fracture)

Date: \_\_\_\_\_ Referring Hospital: \_\_\_\_\_ Pet's  
name: \_\_\_\_\_ Client's name: \_\_\_\_\_ Pet's  
DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: Male Female Altered: 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. Jessie Sutton, DACVS-SA.

\_\_\_\_\_ I understand surgery will be on the: (Circle & initial) RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

\_\_\_\_\_ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, 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 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 during surgery.

\_\_\_\_\_ I consent for photographs and videos to be obtained of my pet for use by Roam 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. Jessie Sutton, DACVS-SA.

\_\_\_\_\_

Client's signature

Client's phone number

Date