



SURGICAL CONSENT & AUTHORIZATION (PATELLA LUXATION)

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 is suspected to have patella luxation. I have been informed of the treatment options, including surgery.

_____ I elect and consent for patella luxation corrective surgery (trochleoplasty, medial release, lateral imbrication, +/- tibial tuberosity transposition) 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 include anesthetic risk, hemorrhage, nerve damage, infection, implant failure or migration, delayed healing, relaxation of the patella & very rarely death.

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

_____ I understand that guarantees are not being given for outcome.

_____ 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 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 patella luxation surgery by Dr. Jessie Sutton, DACVS-SA.

Client's signature Client's phone number Date