Surgical Release Form for Femoral Head and Neck Osteotomy

Owner:	Patient:	Date:	
Referring Hospit	al:	Veterinarian:	
Surgery to be per	rformed:		
aforementioned surunderstand that the	rgery and the importance of pre-surgi are are risks and hazards involved wit	VSS) to perform surgery on my pet. I have discussical blood testing with the referring veterinarian. It the recommended surgical procedure, including can ethically or professionally be made regarding	I g
salvage procedure Davidson will exci and relieve your po some cases unexpe	called a femoral head and neck ostectives the ball and neck portion of the feat's hip pain. The goal of any orthope	ofemoral joint (hip joint). You have elected to have tomy performed on your pet, In this procedure, Demur which will allow a "false joint" of scar tissue edic surgery is fast return to function. Unfortunate fully discussing the planned surgical procedure and sign the consent for surgery below:	Or. e to form ely, in
I consent to the fol	lowing surgical procedure(s): Femora	al Head and Neck Ostectomy	
My pet is having	surgery today on the Right / Lef	ft / Both legs (please circle correct leg).	
Surgical Risks a	nd Most Common Complication	include:	
 Bruising and et Pet chewing su Bone on bone ediscomfort. Most patients a healing. Large patitherapy can reduce Nerve injury w 	edema postoperatively. tures out- please make sure your pet vecontact between the end of the femurate walking well by eight weeks but so the ents may not use their leg when running this complication. hich can be temporary or permanent (g of your pet will minimize these potential	weeks n and plete
Date	Pet Owner/Agent Signature	Phone I Can Be Reached at Tod	day