



FHO Release Form

Owner: _____ Patient: _____ Date: _____

Patient age: _____ Breed: _____ Sex (circle): Male Female Altered: Y N

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed (initial one): **RIGHT FHO** _____ or **LEFT FHO** _____

_____ This document acknowledges that I have been informed that my pet is suspected to have a hip injury. I have been informed of the treatment options, including surgery.

_____ I elect and consent for an FHO (Femoral head ostectomy) surgery to be performed on my dog by Dr Joshua Bruce, DACVS-SA.

_____ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, nerve damage, infection, delayed healing, continued lameness, & very rarely death.

_____ I understand that the surgical success rate with FHO is that over 90% of dogs having a good to excellent long term outcome, but that rehab is crucial in the outcome. I also understand that guarantees are not being given.

_____ I understand that my pet may be administered Nocita (local anesthetic lasting up to 72 hours) for additional pain control. There are very few complications associated with the use of Nocita, however, the risk of complications is not zero. Dr. Bruce has used Nocita in a variety of types of cases without ill-effect, however, its use in dogs for any procedures besides a TPLO procedure or cats with declaws is extralabel at this time.

_____ I consent for photographs and videos to be obtained of my pet for use by KVS for case presentations, monitoring, and/or website or social media. **CIRCLE ONE: YES NO**

I hereby grant permission for my pet to undergo an FHO surgery by Dr Joshua Bruce.

Client's signature

Client's phone number

Date

For Office Use Only:

Weight: _____ Temp: _____ HR: _____ RR: _____

Confirm Leg: Circle One LEFT RIGHT

Witness: _____