



Fracture Release Form

Owner: _____ Patient: _____ Date: _____

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

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed (circle one and bone): **RIGHT LEFT** _____

_____ This document acknowledges that I have been informed that my pet has a fracture. I have been informed of the treatment options, including surgery.

_____ I elect and consent for surgical stabilization of the fracture to be performed on my dog by Dr Joshua Bruce, DACVS-SA. This includes placing implants (bone plates, screws, wires, pins, etc) to stabilize the fracture.

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

_____ I understand that the surgical success rate with fracture repair is over 90% of dogs having a good to excellent long term outcome, but that there can be complications or failures. If infection occurs, recovery can be delayed and the need for implant removal surgery may be necessary (at additional cost). I understand that guarantees are not being given.

_____ I understand that successful outcomes require proper home care and restrictions, including at least 2 months of strict activity restrictions. I understand that guarantees are not being made for outcome.

_____ I understand that a bandage or splint may be needed post-operatively. If that is the case, I understand that I will need to get the bandage changed every week with my vet. These costs are not included in the price paid today. Failure to perform appropriate bandage care can result in significant complications, including the potential for amputation of the limb.

_____ 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 fracture 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: _____