

## Surgical Consent & Authorization Extracapsular Suture

Date: \_\_\_\_\_ Referring Hospital: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Client's name: \_\_\_\_\_

Pet's DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: Male / Female Neutered: Yes / No

\_\_\_\_\_ This document acknowledges that I have been informed by Dr. \_\_\_\_\_ that my pet is suspected to have a cranial cruciate ligament (CrCL) rupture. I have been informed of the treatment options, including surgery.

\_\_\_\_\_ I elect and consent for Extracapsular Suture Stabilization surgery to be performed on my dog by Dr. Krista Adamovich, DACVS-SA.

\_\_\_\_\_ I understand surgery will be performed on the:  
(Circle & Initial) RIGHT \_\_\_\_\_ / LEFT \_\_\_\_\_ / BILATERAL \_\_\_\_\_

\_\_\_\_\_ I understand the risks associated with this procedure that **may include:** anesthetic risk, hemorrhage (bleeding), nerve damage, infection, implant failure, delayed healing & very rarely death.

\_\_\_\_\_ I understand that the surgical success rate with Extracapsular Suture is reported that 80-90% of pets have a good to excellent long-term outcome. If implant failure/loosening or infection occurs, recovery can be delayed and additional surgery may be necessary (at additional cost).

\_\_\_\_\_ 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 50-60% of pets with a torn CrCL will experience the same problem in the opposite leg.

\_\_\_\_\_ 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 ATX 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 Extracapsular Suture Stabilization surgery by Dr. Krista Adamovich, DACVS-SA.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Phone Number

\_\_\_\_\_  
Date

