



Surgical Release Form for Arytenoid Lateralization

Owner: _____ Patient: _____ Date: _____

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed: _____

I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the referring veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk. I realized that no guaranty or warranty can ethically or professionally be made regarding the results or cure.

I authorize the surgeons and/or associates (Drs. Harper and Franklin) of Texas Specialty Veterinary Services, PLLC to perform surgery on my pet. I am also aware that Dr. Harper is board certified in large animal surgery only but have retrained in small animal surgery as well, therefore, offers their services to small animal clients and their animals. I have also been made aware that Dr. Franklin is small animal surgery residency trained, but has not become board certified at this time. At this time Dr. Franklin's title is Practice Limited to Surgery. I understand that there are other board-certified surgeons in small animal available in the area.

Your pet has been diagnosed with laryngeal paralysis. The goal of surgery is not to completely eliminate all the noise that is present pre-operatively, but to reduce it to a level that allows your pet to breathe easier. Please be aware that although your pet should be improved after surgery, their breathing will never be completely normal. As many as 20% of patients with laryngeal paralysis have an underlying illness that may not be apparent at the time of surgery including neurologic disease, low thyroid function, myasthenia gravis, or simply a genetic predisposition to the disease as seen in older Labrador Retrievers. Any patient with a compromised airway should avoid stress whenever possible. Also, activity should be limited to moderate levels and on hot days they should be kept in a cool environment. Lastly, an ideal body weight should always be maintained.

The undersigned owner or authorized agent of admitted patient _____ hereby authorize the admitting veterinarian (and his/her designated associates or assistants) to administer such treatment as is necessary to perform the below-mentioned procedure. The nature of the procedure(s) has been explained to

