



Surgical Release Form for Congenital Cleft Palate Repair

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 a congenital cleft palate or defect in the upper rough of their mouth and soft palate. You have elected to have a procedure which attempts to close these defects located within the oral cavity. The goal during any surgery is return your pet to normal health. Most of these patients diagnosed with cleft palates have some form of aspiration pneumonia present. Unfortunately, in some cases, complications can arise, especially in our animal patients where they are young, small, immature and already have aspiration pneumonia. Your pet may require a feeding tube postoperatively to allow the tissues to heal.

After fully discussing the planned surgical procedure and associated risks with your doctor or the surgeon, please sign the consent for surgery below:

The undersigned owner or authorized agent of admitted patient _____ hereby authorizes 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

me and no guarantee has been made as to results or cure. I understand that there may be risk involved in these procedures. I consent to the administration of such anesthetics or tranquilizers as are necessary.

Anesthetic Risks: (Although every effort is made to make anesthesia as safe as possible including vital sign monitoring and use of the most up to date anesthetic agents and equipment, understand that anesthesia has inherent risks). The incidence of complications from anesthesia is extremely low and we do not anticipate any in your pet but on rare occasions the following can occur:

1. Allergic reaction to the anesthetic agents
2. Heart rhythm abnormalities
3. Untoward reactions to the gas including drops in blood pressure or respiratory difficulties
4. Just like in humans, on very rare occasions, general anesthesia can result in death.

I consent to the following surgical procedure(s): Toggle Repair Method for Coxofemoral Luxation

Surgical Risks Include:

1. Surgery defect closure failure (common in the mouth) or secondary surgery required to close defect that didn't heal 100% with first surgery.
2. Infection which may require additional testing and medication at an additional cost.
3. Blood clots that can lodge in major organs causing stroke or rarely death.
4. Nerve injury which can be temporary or permanent (very rare)
- 5.

Strict adherence to post-surgical care and medicating of your pet will minimize these potential complications and serious problems are very uncommon in most cases.

Texas Specialty Veterinary Services (TSVS) occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name. TSVS would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians, and veterinarians.

Please initial to allow TSVS to mention your pet _____.

Date	Pet Owner/Agent Signature	Phone I Can Be Reached At Today
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