



Surgical Release Form for Coxofemoral Luxation Toggle Repair

Owner: _____ Patient: _____ Date: _____

Referring Hospital: _____ Veterinarian: _____

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 luxated hip that needs surgical repair. You have elected to have a procedure called a toggle repair method where we place an artificial ligament in the hip and suture the torn joint capsule after reducing the dislocated hip. The goal of any orthopedic surgery is fast return to function. If, during surgery, it is discovered that the cartilage is damaged, we may need to do an FHO. Unfortunately, in some cases, complications can arise, especially in our animal patients where bed rest and crutches are never an option, and the artificial ligament can fail. With proper home care though the surgery is 70-90% successful. 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.

