

Name of the veterinary clinic:

INFORMED CONSENT FORM FOR THE ANIMAL'S OWNER

I hereby authorise Doctor or, under the supervision of Doctor to treat my animal with the following surgical technique:
.....

I understand that this procedure requires the use of the following implants:

- A synthetic reinforcement implant of high molecular weight polyethylene
- High Molecular Weight Polyethylene Suture Thread
- Interference screw
- Others:.....

Explanation of the surgical technique:

The aim of the technique is to provide a surgical intervention that respects the anatomy of the animal by reconstructing the ruptured ligament / tendon with a synthetic implant which will insert in a similar way as the physiological ligament / tendon. These new techniques based on 30 years of human medicine still have little experience in veterinary medicine but seems to allow better mechanical support and / or a less invasive operation than the other techniques currently used in the surgical treatment of ligament / tendon disorders.

This intervention presents the same inconveniences and risks as any other surgical treatment due to the approach and to the implantation of synthetic prostheses such as discomfort and pain, redness, inflammation, bruising, hematoma, wounds, infections, scars, recurrence , adhesion, unraveling, bandage wound... without this list being exhaustive.

I acknowledge that the following points have been addressed:

- Potential advantages of the proposed intervention over conventional techniques.
- Proposal for other treatments, such as other surgical techniques.
- Consequences that can be reasonably predicted if the intervention is not performed.
- Possible complications / risks associated with the proposed intervention and the postoperative period that follows.

Radiographic and / or ultrasound images will be taken during the postoperative follow-up of the intervention at 1, 3 and 6 months postoperatively. Hereby:

- I agree to present my animal to perform these medical images at 1, 3 and 6 months under light sedation, and to respect all post-operative instructions and follow-up appointments. If for any reason not related to this surgery my animal would die, I will inform the veterinarian who has performed the surgery.
- I do not allow

CONFIRMATION

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTOOD ALL THE CONTENT OF THIS FORM AND I HEREBY GIVE CONSENT FOR THIS SURGICAL PROCEDURE. I HAVE RECEIVED SATISFACTORY ANSWERS TO ANY OF MY QUESTIONS.

I, the undersigned (Last name, First name):

.....
.....

Resident (Address):

.....
.....

City and postal code:

.....
.....

Acting as:

- Pet owner
- Duly authorised representative of the owner
- Keeper of the animal acting as such

Wish my dog cat other species (specify):.....

(Name, Breed):..... can benefit from the surgical procedure.

I have read and understood the paragraph "**Explanation of the surgical technique**".

I was informed to the benefits and risks.

I agree that my personal information provided above (name, first name, telephone number, email address, etc.) will be kept in order to be able to contact you as part of the post-operative follow-up of your animal.

I agree that the medical imaging (X-rays, ultrasounds, scanners, MRIs) performed on my animal will be kept in a database that can be used in writing scientific articles without being limited to it.

I was able to ask all the questions I needed to and I understood the answers provided to me.

Done at, on:.....

Handwritten words: "read and approved" then your signature: