



Cystotomy Release Form

Owner: _____ Patient: _____ Date: _____

Patient age: _____ Breed: _____ Sex (circle): Male Female Altered: Y N

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed: Exploratory laparotomy, Cystotomy, ovariohysterectomy

_____ This document acknowledges that I have been informed that my pet is suspected to have urinary stones and a fluid filled uterus. I have been informed of the treatment options, including surgery.

_____ I elect and consent for a caudal exploratory laparotomy and any associated abdominal surgical procedures (such as a cystotomy, ovariohysterectomy, urethrotomy, urethrostomy, etc) to be performed on my pet by Dr Joshua Bruce, DACVS-SA.

_____ I understand the risks associated with this procedure that include anesthetic risk, hemorrhage, infection, urinary leakage, peritonitis, stricture, & potentially death.

_____ I understand that the urinary stones will be submitted for analysis. Once the type of stones present is known, then further recommendations will be made on how to best try and prevent formation in the future. However, I understand that even following these recommendations, my pet is still at risk of forming urinary stones again in the future.

_____ I understand that successful outcomes require proper home care and restrictions. I understand that guarantees are not being made for outcome.

_____ I understand that my pet may be administered Nocita (local anesthetic lasting up to 72 hours) for additional pain control. There are very few complications associated with the use of Nocita, however, the risk of complications is not zero. Dr. Bruce has used Nocita in a variety of types of cases without ill-effect, however, its use in dogs for any procedures besides a TPLO procedure or cats with declaws is extralabel at this time.

_____ I consent for photographs and videos to be obtained of my pet for use by KVS for case presentations, monitoring, and/or website or social media. **CIRCLE ONE: YES NO**

I hereby grant permission for my pet to undergo exploratory surgery by Dr Joshua Bruce.

Client's signature

Client's phone number

Date

For Office Use Only:

Weight: _____ Temp: _____ HR: _____ RR: _____ Witness: _____