

Gastrointestinal Surgery Release Form

Owner:		Patient:	Date:	
Patient age:	Breed:	Sex (circle): Male	Female Altered: Y N	
Referring Hospital	al:Veterinarian:			
Surgery to be perfe	ormed: Abdomin	al exploratory		
		dges that I have been inform been informed of the treatm		
procedures (such a	s enterotomy, res	exploratory laparotomy and ection and anastamosis, live or Joshua Bruce, DACVS-S.	r lobectomy, splenectomy,	
hemorrhage, infect	tion, GI leakage (ociated with this procedure commonly 3-5 days after su exploratory (finding no majo	rgery), peritonitis, finding	cancer that may
		ful outcomes require proper being made for outcome.	home care and restrictions	
72 hours) for addit however, the risk of	ional pain control of complications in nowever, its use in	may be administered Nocita l. There are very few comples not zero. Dr. Bruce has usen dogs for any procedures be	cations associated with the ed Nocita in a variety of ty	e use of Nocita, pes of cases
		s and videos to be obtained of or website or social media.		
I hereby grant perr	mission for my pe	et to undergo exploratory sur	gery by Dr Joshua Bruce.	
Client's signature		Client's phone number	Date	
For Office Use Only: Weight: Witness:	Temp:	HR:	RR:	