Mast Cell Tumor Excision Release Form

Owner:_____ Patient:_____ Date:_____

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

Referring Hospital:_____ Veterinarian:_____

Surgery to be performed: Mast Cell Tumor Excision; location: _____

_____ This document acknowledges that I have been informed that my pet is suspected to have a Mast Cell Tumor. I have been informed of the treatment options, including surgery.

_____ I elect and consent for Mast Cell Tumor excision surgery 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, nerve damage, infection, delayed healing, metastasis, anaphylaxis, incomplete margins, & very rarely death.

_____ I understand that even though there was no evidence of metastasis during initial workup, that does not mean that cellular metastasis has not already occurred. This means that more tumors could always grow at a distant site in the future.

_____ I understand that if a tumor is found, Dr. Bruce will do his best to remove the entire tumor, however, a complete resection can never be guaranteed. Also, the prognosis will depend on the type of tumor, the level of resection, and if ancillary therapies are pursued after surgery (such as chemotherapy or radiation therapy). If the tumor is in a location that cannot be removed, then biopsies will be performed to allow identification of the tumor, so next treatment options can be considered.

_____ 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 Mast Cell Tumor excision surgery by Dr Joshua Bruce.

_____ _____ _____

Client's signature Client's phone number Date

For Office Use Only:

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

Confirm Leg: Circle One LEFT RIGHT Witness:_____