



Perineal Urethrostomy Release Form

Owner: _____ Patient: _____ Date: _____

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

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed: Perineal Urethrostomy

_____ This document acknowledges that I have been informed that my cat is suspected to have a urethral obstruction. I have been informed of the treatment options, including surgery.

_____ I elect and consent for a perineal urethrostomy surgery and any associated abdominal surgical procedures (such as a cystotomy, urethrotomy, 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, renal disease/failure, stricture, & potentially death.

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

_____ I understand that there can be bleeding for a few days after this procedure. This is typically not life threatening bleeding, but it can seem to be a lot and can make a mess. I understand that keeping my pet confined, with an E-collar on at all times is imperative. I also understand that I will not disturb the incision or clot in any way. Failure to follow these instructions can result in a stricture that can be life threatening.

_____ 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: _____