



Consent Form for Ultrasound

Date of ultrasound: _____ Patient Name: _____ Client Name: _____

Is pet fasted? No Yes

Is pet on any medications? No Yes (Name/Dose/Last given) _____

Any additional signs of illness? No Yes

Explain: _____

Abdominal Ultrasonography is a non-invasive technique used to image organs within the abdomen and /or chest. The area to be imaged must be shaved in order to provide adequate imaging. Irritation may occur to the skin as a consequence. Hair regrowth generally takes multiple weeks to occur, but can be more prolonged in certain pets.

Check for Authorization

____ Ultrasound / Sedation/ Hospitalization \$443.50

In the event the ultra-sonographer finds any masses/tumors/questionable areas of interest, the veterinarian may recommend sampling of this tissue (e.g. fine needle aspirate, or biopsy). If your pet requires sampling, please read and initial one of the following statements

____ I authorize the attending veterinarian to proceed with any tissue sampling that may be recommended, and take full financial responsibility for the associated additional costs (\$264.00 for collection and laboratory analysis) where/if applicable. OR...

____ I prefer NOT to have any sampling done, and understand that if I change my mind at a later date, the ultrasound will need to be repeated at additional cost. I also understand that a definitive diagnosis MAY not be able to be reached if I decline recommended laboratory testing

I authorize and direct the Veterinarians of the Victoria Veterinary Clinic to perform the services indicated above and/or do any other therapeutic procedures that in their judgment may dictate to be advisable for my pet's well-being. The risks and nature of the procedures have been explained to me, and no warranty or guarantee has been made as to the result or cure.

Fees must be paid before my pet leaves the clinic.

I can be reached at the following number(s) _____

Print name _____ Signature _____