

# Consent For Drop off - Ultrasound

Owner \_\_\_\_\_ Patient \_\_\_\_\_

Canine Feline Other \_\_\_\_\_ Male Female Breed \_\_\_\_\_ Age \_\_\_\_\_

Ultrasound diagnostics require additional time to complete so dropping off your pet for the procedure works best to get the quality images that are needed. To get these images, shaving of the abdomen or chest is likely to allow the ultrasound to penetrate into the body and organs for imaging. In addition, not every patient is cooperative during the procedure so sedation may be needed.

I understand that Sedation may be needed to get the best images for diagnostic purposes. Initials \_\_\_\_\_

I understand that Shaving may be needed to get the best images for diagnostic purposes. Initials \_\_\_\_\_

## I can be reached at the following phone number(s) while my pet is at the hospital:

Home \_\_\_\_\_ Mr./Ms.

Work \_\_\_\_\_ Mr./Ms.

Other \_\_\_\_\_ Mr./Ms.

I authorize Bradshaw Mountain Animal Hospital to examine and conduct the following procedure(s): (circle all that apply)

Abdominal Ultrasound Cardiac Ultrasound Sedation Radiographs Medications Other \_\_\_\_\_

Initials \_\_\_\_\_

Diagnostic images can be sent to a board-certified radiologist for interpretation at additional costs.

Evaluate in house Send to Radiologist.

Initials \_\_\_\_\_

Laboratory: Blood work In-house outside lab Urinalysis Skin test Heartworm test Parvo test Felv/FIV test

Vaccinations: DHPPC Bordetella Rabies FVRCP FeLV Other \_\_\_\_\_

Other tests or procedure(s): \_\_\_\_\_

Initials \_\_\_\_\_

### Notice of After Hours Care

I am aware that there is not a Doctor or staff member that stays at the premises where my pet is hospitalized after normal office hours.

### Notice of Medication Sources

Many medications that are prescribed to your pet are also available at pharmacies. If you would like to fill your prescriptions at a local pharmacy please inform us before medications are prescribed.

**Please read and sign the back of this form.**

**For Sedation please answer and initial the following questions?**

- Pre-anesthetic blood work is recommended for all pets prior to any procedure that uses a injectable medications. This blood work will not prevent complications to sedation but may reduce the risk of complications by postponement or change of a procedure or sedation protocol.

**All pets over the age of 2 we recommend age appropriate bloodwork for sedation.**

**Any pet with medical problems may be required to have appropriate bloodwork to determine if sedation is safe.**

**I have read and understand the above statements. \_\_\_\_\_ Initials**

**Under 2 option for routine sedation:**

**I decline the recommended preoperative testing for my pet under 2 years old. Decline \_\_\_\_\_ Initials**

- With modern anesthetics and procedures your pet is relatively safe in undergoing the procedure it is here for. However, unforeseen complications can always occur. Additional supportive, IV fluids, can be done to improve the safety of your pets anesthesia and surgery. IV fluids will better support the cardiovascular system and reduce stresses on the kidneys and liver.

**An IV catheter may be placed for your pets safety if deemed necessary for the sedation.**

**If IV fluids are elected as supportive care for the procedure, a catheter will be placed.**

**I have read and understand the above statements. \_\_\_\_\_ Initials**

**Do you want additional fluid supportive care done?**

**This service costs and additional \$40.00 - \$82.00 Yes No \_\_\_\_\_ Initials**

- We can permanently identify you pet with the Home Again pet retrieval system. An implanted microchip will give your pet an identification number that can be checked across the country by Veterinarians, Animal Shelters, and Animal Control.

**Do you want a Home Again Microchip for your pet?**

**This service costs an additional \$ \_\_\_\_\_ Yes No \_\_\_\_\_ Initials**

**Consent for Services**

I, the undersigned, am the owner / agent of the above described pet. I give consent to Bradshaw Mountain Animal Hospital to perform the above mentioned procedure(s) or operation(s). In consenting to the above procedure(s) or operation(s) I authorize the use of anesthetic and/or medications as deemed necessary by the veterinarian. I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitates an extension or change of the foregoing procedure(s) or operation(s). Therefore, I hereby consent to and authorize the performance of such additional or different procedure(s) or operation(s) as are necessary in the veterinarian's professional judgment. I understand the nature of the procedure(s) or operation(s) and realize that there are risks and results can not be guaranteed. I have acknowledged my acceptance or decline of the pre-anesthetic blood work, vaccinations, tests, and medications above.

**Payment Statement**

I am aware of the fees involved and that I may request a written estimate of the services to be performed and understand that the estimate is not a guarantee of the exact amount of the services performed. I understand that payment is expected at the time of service for all procedure(s) or operations. If my pet is hospitalized I agree to pay the accrued balance at the end of each week or upon release whichever occurs first. In the event that my pet does not survive, I understand that I am still responsible for the charges incurred during the procedure(s) or operation(s). I also understand that a deposit may be required before services can be rendered.

**I have read and understand this authorization and consent and have answered the previous questions to indicate any additional services.**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_