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 **Ultrasound Consent Form**

**Drop off time for ALL ultrasound patients is 7:45 a.m. unless directed otherwise.**

**The patient will need to be fasted the night prior to the ultrasound. No food is to be given after 9 p.m., but water is permitted.**

To help expedite our admissions process, we kindly ask that you respond to the following questionnaire:

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of last meal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes/Comments - How has your pet been doing? Describe any symptoms that have persisted or that are new to be able to give the ultrasonographer/radiologist the most up-to-date information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initial Authorization:**

\_\_\_\_\_\_ (Initial) by initialing I understand that in order to obtain the most accurate images for my pet’s case, that the ultrasonographer will need to shave either my pet’s abdomen or chest.

\_\_\_\_\_\_ (Initial) by initialing I understand that the ultrasound technician legally cannot give me results at the time of pick up.

\_\_\_\_\_\_ (Initial) by initialing I understand that if my regular pet is not a current patient at Sylvan Veterinary Hospital, then my regular vet will call me regarding the results of the ultrasound.

\_\_\_\_\_\_ (Initial) by initialing I understand that if by some rare chance, the results are delayed, it is at no fault of Sylvan Veterinary Hospital. I understand the ultrasound images and report are sent out to be interpreted by a board-certified radiologist to develop a treatment plan for my pet.

\_\_\_\_\_\_(Initial) A price estimate of $400 for cardiac ultrasound and $420 for abdominal ultrasound has been discussed with me and I understand that payment will be due at time of service either in the form of a credit/debit card, cash, or care credit.

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Dr. Brad Kissell, VMD, Dr. Sarah Barefoot, DVM, Dr. Sara Litzinger, DVM, and Dr. Andrew Weikert, DVM, their servants, and /or representatives full and complete authority to hospitalize and treat my pet for the procedure specified above. The nature of these operations or procedures has been explained to me, and I understand what will be done. I understand that during the course hospitalization, unforeseen conditions may arise that may necessitate the performance of additional procedures. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian’s professional judgment. I have been advised of the nature of the service and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_