



Ultrasound AND Sedation Consent Form

Pet Parent's Name	Clinic Name
Pet's Name	Ordering Veterinarian

☒ Ultrasound Procedure

I understand this ultrasound is for diagnostic purposes, performed by a licensed veterinary technician from Franimal's Solutions (not a clinic employee). My pet may be shaved, and mild skin irritation can occur.

☒ Fasting and Medications

I understand that fasting is necessary for accurate results. No food beyond midnight, except for oral medications. Water is always allowed.

☒ Sedation Policy

Sedation is strongly recommended to ensure high-quality, safe & Fear Free imaging. It is administered and monitored by clinic staff.

- ☐ I consent to sedation if needed.
☐ I decline sedation. I understand the scan may not be completed, and I will still be charged for the visit.

☒ ~~Fine Needle Aspirate (FNA) Add-On~~

~~If recommended, a small sample of cells or fluid may be collected by the technician under the veterinarian's direct supervision.~~

- ☐ ~~YES — My pet is scheduled for FNA during today's ultrasound.~~
☐ ~~NO — Not planned today~~

☒ Image Use Permission

- ☐ I give Franimal's permission to use photos/videos of my pet for educational or promotional purposes.
☐ I do NOT give permission.

☒ Consent & Acknowledgment

By signing below, I confirm I'm 18+ and authorized to make decisions for my pet. I consent to the ultrasound and any necessary sedation as outlined.

Signature	Date
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