



Franimal's Solutions, LLC Ultrasound Consent Form

Pet Parent's Name:
Pet's Name:
Clinic Name:
Ordering Veterinarian (rDVM):
Consent to Ultrasound Procedure INCLUDING sedation (read carefully).
, the undersigned, acknowledge and consent to the following terms related to the ultrasound procedure for my pet:
Purpose of Ultrasound: I understand the recommended ultrasound is for diagnostic purposes as advised by my veterinarian.
Procedure Details: I understand that the ultrasound technician is not an employee of the clinic/hospital. Specific procedure times are unavailable, and onsite client consultations are not possible. Shaving and Skin Irritation: I am aware that my pet may be shaved for optimal ultrasound quality, and minor skin irritation may occur.
Fasting and Medication: I understand that fasting is necessary for accurate results. No food beyond midnight, except for oral medications. Water is allowed.
acknowledge that in-hospital medications (AKA- procedural sedation) will be administered as ecommended by Franimal's and as directed by my primary care veterinarian for safety, diagnostic quality and to preserve my pet's emotional wellbeing during the ultrasound. By initialing here, I DECLINE in-hospital medications, understanding that charges may still apply if the ultrasound cannot be performed gently and safely using Fear Free approaches.
mage Release: I grant Franimal's Solutions, LLC the right to use, reuse, and publish my pet's image, rideo, or likeness for commercial or non-commercial purposes. Images are primarily used for socials. By initialing here, I DO NOT grant permission for the use of my pet's image for any reason.
Authorization: I authorize Franimal's Solutions, LLC to perform the ultrasound. The clinic will use the minimum appropriate medications, sedatives, and/or anesthetics as needed, with responsibility for monitoring my pet. Certification: I certify that I am at least 18 years old and have the authority to make decisions on behalf of my pet.
Pet Parent Signature: Date: