



Ultrasound Consent Form

Client Name: _____ Pet's Name: _____

Procedure: _____

Please initial after each statement below:

Fine Needle Aspirates

- I understand that medical conditions may be revealed during the procedure that require fluid or tissue sampling. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments or sampling. However, if these efforts are unsuccessful, I authorize the performance of fine needle aspirates and/or body fluid sampling that are deemed important in the professional opinion of the attending veterinarian.
(YES / NO) up to the following maximum cost. _____ (\$36-48 for sample collection, this does not cover the cost of submission to the lab).
- I have been advised that the risks of complications from ultrasound imaging are rare but may include, among others, minor skin irritation or light bruising from the pressure of the ultrasound probe. _____
- I have been advised of the very unlikely but possible risk associated with body fluid and tissue sampling. These risks include but are not limited to hemorrhage, infection and skin irritation. _____
- A complete blood count (CBC) must have been conducted within one month of ultrasound procedure in order to proceed with needle aspirates. I consent to a blood draw and CBC if necessary for the safety of my pet. _____.

Sedation/Anesthesia

- I hereby authorize sedation and/or anesthesia for my pet. I have been advised that acquisition of certain ultrasound images can cause mild discomfort. Sedation can alleviate that discomfort and allows for a shorter and more thorough ultrasound examination. Also, brief, light anesthesia may be necessary to perform tissue sampling but is not necessary for acquiring ultrasound images. Although I understand that some risks always exist with any sedation or anesthesia, **my signature on this consent form indicates that any questions have been answered to my satisfaction.** While Shuksan Veterinary Services provides the highest quality of patient monitoring, I understand that there can be

rare complications associated with any sedation, anesthetic or diagnostic procedure. In particular, I have been advised that there is an extremely small risk of complications, temporary or permanent side effects or death whenever a sedative or anesthetic is used and that I have been advised of the possibility.

Accept Sedation _____ Accept Anesthesia _____

- I decline sedation with the understanding that all services scheduled may not be performed today and ultrasound images may not be of diagnostic quality.

Decline Sedation _____ Decline Anesthesia _____

Hold Harmless

- I acknowledge the risks described above and understand that the veterinarians and hospital staff will make every effort to minimize such risks. I will not hold Shuksan Veterinary Services, the veterinarians, or any staff member liable for any complications that may arise. _____
- The veterinary staff has described the procedures identified in this consent form and has explained to my satisfaction the purpose for performing them and the risks involved with them. _____
- I certify that I am the owner of the above described animal and that I am over the age of 18 years. _____

Owner/Authorized Agent Signature: _____

Date: _____

Technician/DVM witness initials: _____

Emergency/Financial Consent Phone Number:

E-mail address for veterinarian to contact you during the procedure _____

Is you pet fasted today? YES NO