



Ultrasound Consent Form

Revised 12-7-2025

Client Name: _____ Pet's Name: _____

Procedure: _____

Please initial after each statement below:

- 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. _____

Fine Needle Aspirates

- I understand that medical conditions may be revealed during the procedure that require fluid or tissue sampling. 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. **(Same day samples can ONLY be offered if this box is initialed and will qualify for discounted collection fees)** _____
- 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. _____
- I consent to a blood draw and complete blood count (CBC) if needed before the ultrasound procedure, which is recommended within **one month** for stable patients or within **one week** for sick patients or those with prior CBC abnormalities. _____

Sedation/Anesthesia

The acquisition of certain deep ultrasound images can cause discomfort. Some pets experience fear or anxiety while lying on their back in an unfamiliar place. If indicated, sedation can be used to alleviate that anxiety and discomfort and allows for higher quality ultrasound examination.

- I hereby authorize sedation/anti-anxiety medications for my pet. This sedation will be heart safe and selected with all of my pets' known medical conditions taken into consideration. Although I understand that some risks always exist with any sedation, **my signature on this consent form indicates that any questions have been answered to my satisfaction.** While Shuksan Veterinary Services

provides regular patient monitoring, I understand that there can be rare complications associated with any sedation or diagnostic procedure. In particular, I have been advised that there is an extremely low risk of complications, temporary or permanent side effects or death whenever a sedative is used and that I have been advised of the possibility.

Accept Sedation _____

- 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 _____

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: _____

Emergency/Financial Consent Phone Number:

When did your pet last eat? _____

By texting our number, you agree to receive text messages at the number provided by Shuksan Veterinary Services. Message frequency varies, and standard message and data rates may apply. You have the right to OPT-OUT receiving messages at any time. To OPT-OUT, reply "STOP" to any text message you receive from us. Reply HELP for assistance.