

Ultrasound Release for Diagnostic Procedure(s) and Sedation

Pennsylvania Mobile Veterinary Ultrasound Services, LLC

Pet Name: _____ Owner Name: _____

PLEASE INITIAL, ACKNOWLEDGE, AND AUTHORIZE THE FOLLOWING:

1. Ultrasound requires that your pet has been fasted for 8-12 hours

Please initial:

_____ My pet was fasted. He/she last ate _____ cups/food at _____ am/pm

_____ I understand that if my pet has not been fasted, this may compromise visibility of certain organs.

2. _____ I understand that my pet may be shaved (chest, abdomen, mass/thyroid, joint)

3. Diagnostic ultrasound is an excellent tool that your veterinarian has deemed helpful and/or necessary for your pet. This process is seamless, non-invasive, and performed without sedation on most patients. However, depending on each individual animal (temperament, pain, tense muscle, history of aggression, etc), a mild sedative may be needed for patient and staff safety.

If sedation is required, your DVM will use medications that they deem suitable and safe for your pet and the procedure. Your DVM may require pre-anesthetic blood work prior to sedation. This should be discussed with your DVM prior to the date of the ultrasound.

Please Initial:

_____ YES, I authorize sedation if necessary for my pet at an additional fee.

_____ NO, I do not authorize sedation for my pet. I understand that there may be a cancellation fee associated if the scan cannot be performed without sedation.

4. During the ultrasound, your DVM may determine that sampling of masses or organs is recommended for a more precise diagnosis. Pre-sampling labwork may be necessary, and sedation will be required. This should be discussed with your DVM prior to the date of the ultrasound.

Please initial:

_____ YES, I authorize sampling if deemed necessary

_____ NO, I do not authorize sampling

Owner signature: _____

Date: _____