

Ultrasound Authorization

Animal Hospital of Boone
2773 Hwy 105
Boone NC 28607

Date: _____

Owner: _____

Pet Name: _____ Pet's Age: _____

_____ is here for an ultrasound today. I understand that <animal> will be shaved for this procedure. I also understand that my pet needs to remain very still during this procedure and sometimes sedation is needed to achieve this. I am aware that the doctor will have to make this decision without contacting me but that reasonable means will be used to perform the ultrasound without sedation.

Wellness Questionnaire (Please Initial either yes or no)

_____ is _____ old. We recommend any animal over 7Y have pre-anesthesia bloodwork before sedation. Do you want this bloodwork to check kidney, liver, sugar, RBC, WBC, and dehydration values? (\$80 charge)

YES _____ NO _____

Do we have your permission to do a needle biopsy with cytology during the ultrasound if the doctor deems it necessary? This is a \$250 charge.

YES _____ NO _____

Has your pet been fasted for 12 hours?

YES _____ NO _____

Is your pet on any medications, supplements, or home remedies?

YES _____ NO _____

If yes please list: _____

I certify that I am the owner, or duly authorized agent for the owner, of the animal presented today, and that I give Dr's. Johnson, Parrish, Beck, and Watson full and complete authority to perform the ultrasound procedure described above. Further, I understand that the doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia and surgery involve some minimal risk to my pet and I will not hold the doctors and staff responsible under any circumstances. I assume all risks.

(Date)

(Signature)

Emergency Contact Number