

Tech Initials \_\_\_\_\_

# Ultrasound Consent Form

Client Number: \_\_\_\_\_

The Scottsdale Veterinary Clinic  
7311 E. Thomas Road  
Scottsdale, AZ 85251

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

I am either the owner of \_\_\_\_\_ or responsible for said pet and have the authority to give this consent. I am at least 18 years of age. By initialing, I am agreeing that my pet have an ultrasound performed. I agree to indemnify and hold the Scottsdale Veterinary Clinic and its employees harmless from and against any and all liability arising out of the performance of any of the procedures referred here.

\_\_\_\_\_ I hereby authorize the performance of a Diagnostic Ultrasound. *I understand the cost of an Ultrasound Diagnostic is \$329.62. I understand that if a current exam with TSVC is not on file, there will be an exam fee of \$68.00 in addition to the cost of the diagnostic ultrasound.*

I expect the Scottsdale Veterinary Clinic to use reasonable care and judgment while performing an Ultrasound Diagnostic. If it is found that sedation or anesthesia is necessary for my pet, I choose ONE of the options below:

1. \_\_\_\_\_ Please use sedation or anesthesia if necessary. I understand that there will be an **additional** cost of **\$98.42**

**OR**

2. \_\_\_\_\_ Please call before the use of sedation or anesthesia. I understand that failure to answer *may result in delay of the procedure or later pick up time, or may result in rescheduling the procedure for another day.*

**Is your pet on any medications/dietary supplements? If so, please list medications below and why:**

**How is your pet doing? Eating & Drinking? Vomiting? Comments:**

**Phone numbers where I can be reached at today:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
If Not Owner, Print Name

\_\_\_\_\_  
Date

*Additional Services Requested:*

Nail Trim (\$15.00)	YES NO	Microchip (\$77.34)	YES NO
Anal Gland Expression (\$32.16)	YES NO	FelV/FIV Test (\$60.24)	YES NO
Vaccines (\$22.00 each)	YES NO	Heartworm Test (\$58.82)	YES NO