

Tech Initials _____

Ultrasound Consent Form

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

Owner:
Address:

Client Number:

Phone:

Patient Name:

Species:

Breed:

Age:

Color:

Sex:

I am either the owner of <animal> 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 <animal> 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 \$400.65. I understand that if a current exam with TSVC is not on file, there will be an exam fee of \$82.00 in addition to the cost of the diagnostic ultrasound. An Ultrasound Radiology Consultation Report may be required pending the doctor's evaluation of the ultrasound, which would be a cost of \$288.65 if found necessary.*

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 <animal>, 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 **\$141.74**

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 (\$20.00)

YES NO

Microchip (\$94.16)

YES NO

Anal Gland Expression (\$38.22) YES NO
Vaccines (\$35.00 each) YES NO

FeLv/FIV Test (\$82.02) YES NO
Heartworm Test (\$78.02) YES NO