



The Scottsdale Veterinary Clinic
 7311 East Thomas Road
 Scottsdale, Arizona, 85251
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ULTRASOUND CONSENT FORM

Intake Nurse Initials: Attending Nurse Initials (If different from Intake Nurse):

Patient ID Number: {AnimalNumber} Patient Name: {AnimalName} Patient DOB: {AnimalDOB} Patient Age: {AnimalAgeFull} Animal Details: {AnimalSexShort} {AnimalBreed} {AnimalSpecies}	Client ID Number: {ClientContactCode} Client Name: {ClientContactName} Address: {ClientContactPhysicalAddress} Phone Number: {ClientContactPhoneNumber} Client Email Address: {ClientContactAccountsEmails}
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Other Phone Numbers I can be reached at today:

Please list any known ALLERGIES:

I am either the owner of {AnimalName} 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 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 \$420.68. I understand that if a current exam with TSVC is not on file, there will be an exam fee of \$92.00 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 \$303.12 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 {AnimalName}, I choose ONE of the options below:

- Please use sedation or anesthesia if necessary. I understand that there will be an *additional* cost of \$148.74
- OR
- 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:

Signature of responsible party: {SignatureMedium}

If You are not the Owner signing, Please Print Name:

Date: {TodaysDate}

Additional Procedures Requested: Vaccines -\$38.00 Nail Trim -\$20.00 Annual Blood Parasite Screening -\$78.02 FeLv/FIV Test -\$82.02 Microchip -\$98.16 Ear Cleaning -\$39.22 Anal Gland Expression -\$38.22