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### Ultrasound/Procedure Consent Form

Date: \_\_\_\_\_

Ultrasound Service: \_\_\_\_\_

Patient:

Species:

Breed:

Sex:

Date of Birth:

Number to contact you in case of emergency:

Alternate number/contacts:

1. I am the owner, or responsible agent, for the above-described animal and have the authority to execute this consent.
  
2. Pets may require sedation for safety and diagnostic accuracy reasons. If our veterinarian deems sedation necessary to complete today's ultrasound exam, please select one of the following:  

I consent that sedation be administered.

I do not consent to any sedation, and acknowledge that the ultrasound may not be performed.
  
3. I understand that my pet will be shaved on their abdomen and/or chest, dependent on type of scan requested.
  
4. I understand that ultrasound gel and isopropyl 70% alcohol may be used on my pet for image quality purposes.
  
5. If our veterinarian deems biopsies medically necessary, please select one of the following:  

I consent to fine-needle biopsies being obtained.

I do not consent to any biopsies.
  
6. I understand that if my pet has NOT been fasted for at least 12 hours, it may negatively impact the imaging quality and diagnostic value of the ultrasound exam/interpretation.
  
7. I understand that I will not be speaking with a veterinarian today, and that I will need to speak with my primary care veterinarian to discuss today's ultrasound exam report.
  
8. I understand the fees incurred for the above animal are payable in full upon discharge from the hospital and that I am legally responsible for all fees due to Mobile Imaging Veterinary Ultrasound. (PLEASE INITIAL) \_\_\_\_\_

I have read and understand the above provided information regarding my pet's ultrasound with Mobile Imaging Veterinary Ultrasound (MiVU), and would like to proceed with the services provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_