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## **Diagnostic Ultrasound Consent Form**

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

### Owner Information

**Owner Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Patient Information

**Pet Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Species:** ☐ Canine ☐ Feline ☐ Other:

**Breed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:** ☐ Male ☐ Female ☐ Spayed ☐ Neutered

**Age:** \_\_\_\_\_\_\_ **Weight:** \_\_\_\_\_\_\_

### Referring Veterinarian

**Veterinary Clinic:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinic Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinic Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Procedure Information

### Ultrasound Examination

I understand that my pet will receive a diagnostic abdominal ultrasound examination to evaluate internal organs and structures. This procedure involves:

* Application of ultrasound gel to the clipped abdomen
* Use of an ultrasound probe to obtain images
* Possible mild sedation for patient comfort and image quality
* Duration of approximately 45-60 minutes

### Preparation Requirements Acknowledged

☐ My pet has been fasted for a minimum of 8 hours (water allowed)

☐ I understand sedation may be necessary for optimal imaging

☐ I have disclosed all current medications and medical conditions

### Risks and Limitations

I understand that:

* Ultrasound is a diagnostic tool that may not detect all abnormalities
* Some conditions may require additional testing for definitive diagnosis
* Results will be communicated through my referring veterinarian
* Emergency veterinary care may be needed if complications arise

## Consent

I acknowledge that:

* I have read and understand this consent form
* No guarantee has been made regarding the outcome or findings
* I am the owner or authorized agent for this pet
* I consent to the ultrasound examination described above
* All fees have been discussed and agreed upon

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Owner Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_