

## **Ultrasound Consent Form**

Client's Name:	 Pet's Name	

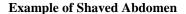
I hereby certify that I am the owner or an authorized agent of the owner and am over the age of eighteen.

Our goal is to provide a safe, stress-free experience for your pet while obtaining valuable diagnostics to develop an effective treatment plan. We will make sure their pet is comfortable during their stay and understand the stress of having them away from the family home for the day. In order to complete the ultrasound satisfactoraly, please allow us to use our veterinary judgement and experience by consenting to the items below:

I understand why the ultrasound has been recommended. It has been made clear, that I will need to bring my pet named above to Metropolitan Veterinary Center the morning the ultrasound has been scheduled **between 7a-8a**. I will be informed of the date as soon as it is confirmed with the Ultrasonagrapher. I understand that the Ultrasonagrapher is not an employee of Metropolitan Veterinary Center and will not provide a specific time for this service; when the Ultrasonagrapher arrives at the clinic and performs the ultrasound is out of Metropolitan Veterinary Center's control. I understand I cannot be present for the procedure. Metropolitan Veterinary Center requires a deposit for the full cost of the ultrasound in order to move forward with scheduling the procedure. I understand that the price for the ultrasound procedure does not include sedation and/or lab fees, if required. **This deposit is non-refundable if I cancel my appointment less than 24 hours before the required drop off time of 8a on the day of the scheduled ultrasound.** If I require a specific time and cannot accommodate the requirements of this paragraph, I now I can contact MedVet at 773-281-7110 (3123 N. Clybourn Avenue).

Metropolitan Veterinary Center will alert me once the procedure has been completed. Further, I do understand that the results may not be available on the same day the ultrasound is performed. I understand that the veterinarian in charge of my pet's case will be contacting me as soon as possible. The ultrasonographer is not available for consultation with clients.

Ultrasonography is a non-invasive technique to image organs within the abdomen or chest. The area of my pet's ultrasound will be shaved in order to allow adequate imaging. Minor irritation may occur to the skin as a consequence. Hair regrowth generally takes multiple weeks to occur, but can be more prolonged in certain pets.





To enhance the ability of Metropolitan Veterinary Center to diagnose an abnormality found during the ultrasound examination, an ultrasound guided fine needle aspirate (FNA) or tissue core biopsy may be performed. In these cases, an ultrasound is used to guide a small needle into a suspected area of abnormal tissue to obtain cells or tissue for submission to our outside laboratory for analysis. A small amount of bleeding is common with fine needle aspiration and/or biopsy, usually with no further consequences. Severe bleeding seldom occurs, but can rarely lead to serious complications requiring intervention. Therefore, these procedures will only be performed if required for proper diagnosis and treatment. In some cases Metropolitan Veterinary Center will perform clotting times prior to fine needle aspiration. Some problems are easily diagnosed via fine needle aspiration but others may not yield an answer via this technique. My pet will be evaluated and monitored carefully by your veterinarian before, during, and after these procedures to minimize the risk of serious complications from occurring.

Although rarely the case, my pet may need to be sedated to obtain a satisfactory quality diagnostic examination or to perform fine needle aspiration. Sedation, in rare instances can cause side effects such as a low or abnormal heart rate or breathing pattern. My pet will be monitored carefully by the team at Metropolitan Veterinary Center to minimize the risk of these complications from occurring.

## **Other Instructions:**

- Please call us prior to this date if there are any additional problems or concerns that you would like the doctor to address while your pet is in the hospital.
- Please withhold your pet's food after 12a prior to the exam.
- Continue to give your pet water as normal prior to the exam.
- Please try to prevent your pet from urinating the morning of your appointment as a full bladder helps us visualize structures in and around the bladder. If the ultrasound will occur later in the day, we will walk your pet to ensure their comfort.

I acknowledge that I have read and understand the procedures and associated risks discussed above. Please initial

- If your pet is taking any medication that you are uncertain should be given the day of the procedure, please call our office for advice.
- Give lots of extra hugs and kisses!

below to indicate your consent:	
I consent to have an ultrasound performed on my pet	
I consent to have a fine needle aspirate or core biopsy performed on my pet if indicated by the results the ultrasound. (If initially declined, a repeat visit can be scheduled for these procedures, but at additional cost).	
I consent to the administration of sedation to my pet, if necessary. I understand that sedation will be administered by my regular veterinarian. (If initially declined, procedures may not be able to be performed at th time. A repeat visit can be scheduled for this procedures, but at additional cost).	is
My pet has not eaten since 12a this morning.	
Signature of Owner or Authorized Agent Date	