



Ultrasound Consent Form

Client Name:

Date:

Pet's Name:

Species:

Breed:

Sex:

Age/DOB:

Your pet is having an ultrasound or echocardiogram examination today. The ultrasound examination will be done to look for any abnormalities. Typically, your pet will be taken to have the ultrasound examination while you wait. Occasionally, you may be asked to leave your pet for a longer period of time.

If your pet is having an abdominal ultrasound, the hair on the abdomen will be shaved. If your pet is having a cardiac ultrasound (echocardiogram), there will be a small patch of shaved hair on both sides of his/her chest. Some pets may become itchy after the hair has been clipped; if you find that your pet is scratching a lot at home you can apply gentle moisturizers like aloe or an oatmeal-based shampoo/lotion.

Occasionally, sedation (not general anesthesia) is necessary in order to complete the examination. We always attempt to perform ultrasound examinations without sedation, most of the time sedation is not necessary. Sometimes pets are very tense, anxious or aggressive and sedation is required; both for their comfort and safety and for the safety of the staff holding the pet. If sedation is required, the doctor will use a light sedative that is either reversible or wears off in a few hours.

The cost for sedation for <animal> is: \$75.

I **DO** _____ **DO NOT** _____ authorize the doctor to provide my pet with sedation if needed.

When abnormalities are seen on the ultrasound examination (examples include enlarged lymph nodes and tumors), then an aspirate or biopsy of that abnormality may be taken. An aspirate or biopsy is when a small sample of the abnormality is taken with a needle. An ultrasound guided needle aspirate is a useful tool in obtaining information about these abnormalities. If appropriate, the doctor may use a small needle to obtain a sample of cells from an abnormal area that can be examined in the clinic or can be sent out to a pathologist for evaluation. This is a very safe procedure that carries a very low risk of bleeding

from the site of aspiration. Aspirations are only performed under sedation for comfort and safety.

The cost for a fine needle aspirates is: \$55.

I **DO** _____ **DO NOT** _____ authorize the doctor to obtain fine needle aspirates from abnormal tissue if he/she feels it would be appropriate. I understand that these samples will not be sent out to an outside lab for examination unless I have spoken to the doctor and authorized it.

Please read and initial ONE of the following:

We are capable of performing CPR at our facility but the chances of recovering from a full cardiorespiratory arrest episode for a significant period of time are less than 10%. The injuries and/or illnesses that accompany this situation also contributes to the poor prognosis.

The cost of performing CPR is \$268.

_____ I authorize resuscitation (CPR)

_____ I do not authorize resuscitation (DNR)

Phone numbers where you can be reached today:

Work: _____

Cell: _____

Other: _____

In case we are unable to contact you, please give emergency contact:

Name: _____

Phone: _____

Signature of Owner or Agent

Print Name _____

Date _____

Animal Emergency Clinic of the High Country, PLLC

1710 NC Hwy 105

Boone, NC 28607

(828) 268-2833