

When did your pet last eat? _____

Any medication given today? _____

Ultrasound Consent

Jasper's Mission: To serve the local community by providing exceptional veterinary care with compassion, integrity, and excellent hospitality.

Guardian Name: _____ Date: _____

Phone Number: _____ Patient Name: _____

I am the guardian of the above animal and have the authority to execute this consent. I hereby grant Jasper Animal Hospital and Dr. _____ my consent to perform procedure(s) or treatment(s) necessary for maintenance of my pet's health. I understand the procedure(s) and treatment(s) to be performed today is:

For ultrasonography the area to be imaged must be shaved in order to provide adequate imaging. Minor irritation may occur to the skin as a result.

Sedation may be required to perform the procedure(s).

Please mark one:

Yes, I consent to sedation if necessary

No, I decline sedation if necessary. (Ultrasound will not be performed)

Fine needle aspiration is the placement of a needle, using ultrasound guidance, into an organ or area. A sample of the tissue is collected and sent to the diagnostic laboratory.

Please mark one:

Yes, I consent to an aspirate if necessary

No, decline an aspirate

Where applicable we recommend cytology be ordered and sent to the laboratory to determine what the sample is.

Please mark one:

Yes, I want cytology

No, I decline cytology

I have been advised as to the nature of the forgoing treatment(s), and/or procedure(s) risks involved. Jasper Animal Hospital is to use all reasonable precautions against injury, escape, or death of my pet. Jasper Animal Hospital will not be held liable or responsible, in any manner, as I thoroughly understood that I assume the risks.

I understand that during the performance of the procedure(s) or treatment(s) unforeseen conditions may be revealed that necessitate an extension of the procedure(s) other than set forth above. I understand the hospital support personnel will be employed as deemed necessary by the veterinarian. Therefore I hereby authorize the performance of the procedure(s) or treatment(s) as necessary and desirable in the exercise of the veterinarian's professional judgement.

If additional expenses are incurred I agree to pay all charges upon release of my pet from Jasper Animal Hospital.

Signature of Guardian

Date