

Edmonton West Animal Hospital & Spay/Neuter Centre
9962 - 170 St NW, Edmonton, AB
(780) 488-0124

ULTRASOUND INFORMED CONSENT FORM

Legal Owner Name: _____ Patient Name: _____

Last Meal Time: _____ Last Drink Time: _____

Is your pet on any medications? If yes, please list: _____

Best number to reach you at today: _____ Secondary number: _____

PLEASE READ AND INITIAL IN FRONT OF EACH STATEMENT IN THE SPACE PROVIDED

____ I, the undersigned, owner or responsible party of the admitted patient, hereby authorize the Doctors of Edmonton West Animal Hospital & Spay/Neuter Centre (and whomever they may designate as assistants) to administer such treatments as diagnostically necessary as indicated by findings during medical evaluation.

In order to obtain high quality, diagnostic images, your pet will be required to remain still during the ultrasound. In some cases, this will not be tolerated by the pet, and s/he will need to be sedated. Please read and initial one of the following statements:

____ I understand and accept that there is inherent risk associated with any type of sedation, including death of the patient, and I authorize the Doctors of Edmonton West Animal Hospital & Spay/Neuter Centre (and whomever they may designate as assistants) to administer such treatments as necessary.

OR

____ I do not want my pet to be sedated, and understand and acknowledge that the ultrasound may not be able to be completed. Further, I accept that I may be charged for the ultrasonographer travel fee as well as any partial charges for the incomplete ultrasound.

In the event the ultrasonographer finds any masses/tumors/questionable areas of interest, the ultrasonographer may recommend sampling of this tissue (e.g. fine needle aspirate, or biopsy). If your pet requires sampling, please read and initial one of the following statements:

____ I authorize the attending ultrasonographer to proceed with any tissue sampling that may be recommended, and take full financial responsibility for the associated additional costs (\$405.54 for collection and laboratory analysis) where/if applicable.

OR

____ I prefer NOT to have any sampling done, and understand that if I change my mind at a later date, the ultrasound will need to be repeated at additional cost. I also understand that a definitive diagnosis MAY not be able to be reached if I decline recommended laboratory testing.

____ I understand that in cases where further, unforeseen work is required and is of non-emergency nature (additional diagnostics, changes to treatment plans, etc), every attempt will be made by the veterinarians/staff to contact the owner by phone to discuss the case. I also understand, if contact cannot be made in a timely manner, no additional work will be performed until informed verbal or written consent can be obtained.

____ I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment, and that the above procedure has been explained to my satisfaction. I also certify that no guarantee or assurance has been made regarding the results that may be obtained. I acknowledge that any medical complications may require additional veterinary care or medications. Further, I assume full financial responsibility for all charges incurred to this patient.

Total estimated fee: _____ (+ GST) Date: _____ Signature: _____
(Legal Owner or responsible agent)

Type of ultrasound: _____ single cavity (\$650)

Case uploaded to FVS website: _____

_____ dual cavity (\$900)

DVM/RVT initials: _____