

ULTRASOUND RELEASE FORM

Pet's Name: _____

Owner's Name: _____

My pet is here for the following ultrasound: (please initial)

- Abdominal and Cardiac (\$785.00) _____
- Abdominal only (\$440.00) _____
- Cardiac only (\$440.00) _____
- Limited (\$305.00) _____

These prices do NOT include sedation if needed.

Please review and initial the following statements, if applicable:

My pet has not eaten in the past 12 hours. _____ **(Initials)**

I give permission to have my pet sedated if sedation is deemed necessary to achieve a diagnostic ultrasound. _____ **(Initials)**

I give permission to have aspirates or biopsies performed if recommended based on the ultrasound findings. _____ **(Initials)**

- Ultrasound guided aspirates (\$105.00/site)
- Ultrasound guided biopsies (\$295.00/site)
- Outside lab diagnostics for aspirates or biopsies (\$125.00 - \$160.00/site)

Phone numbers where you can be reached today:

1) _____ 2) _____

Permission to sedate

I understand that my pet's procedure may require sedation. I understand that although all precautions will be taken to ensure the safety of my pet, there are many risks associated with sedation. I understand that Crossroads Veterinary Hospital reserves the right to perform life-saving efforts should complications arise. I also understand that I am responsible for all charges associated with sedation and that all charges are due at the time of discharge.

Owner signature

Date