

**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**