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Ultrasound Consent Form

Pet's Name _____ Owner's Name _____

Thank you for trusting East Tennessee Veterinary Ultrasound to perform diagnostic ultrasound and ancillary procedures for your pet. Your pet's comfort and happiness is of paramount importance to us. Our goal is to provide a safe, stress-free experience for your pet while obtaining valuable diagnostics to develop an effective treatment plan. In order to do so, please allow us to use our veterinary experience and judgement by consenting to the items below. We will work closely with your veterinarian (listed below as *Attending Veterinarian*) to compassionately care for your pet.

- Permission to have a diagnostic ultrasound performed on my pet. I understand that while an ultrasound evaluation is an excellent diagnostic tool for many problems, not all problems can be diagnosed with ultrasound. I further understand that in some cases a definite diagnosis cannot be made using ultrasound alone. _____
Initial

- Permission to shave my pet's fur. I understand that fur regrowth takes some time and may regrow a different color or texture. _____
Initial

- Permission to perform ultrasound of additional cavity if deemed necessary by the Attending Veterinarian. _____
Initial

- Permission to perform ultrasound guided fine needle aspirate if deemed necessary by the Attending Veterinarian. _____
Initial

- Permission to perform other ancillary ultrasound guided diagnostic or treatment procedures if deemed necessary by the Attending Veterinarian. _____
Initial

- I acknowledge that additional fees may be associated with the procedures listed above. _____
Initial

There is usually no pain and little-to-no stress associated with ultrasound examinations. Some patients may, however, find this to be more stressful or painful than others. I understand that with certain medical conditions complications may arise from stress or pain. In very rare situations these complications can even be life threatening.

I acknowledge that I have been encouraged to ask questions about the risks of and potential complications from diagnostic ultrasound, sedation, and ancillary procedures, have had those questions answered to my satisfaction, and believe I have all the information I need to make an informed decision regarding this procedure.

Signature of Owner / Owner's Agent _____ Date _____