

Resolution Veterinary Ultrasound Authorization- History Form



First Name: _____ Last Name: _____

Patient Name: _____ Date: _____

Species: _____ Breed: _____

Wt.: _____ kg Clinic: _____

On Fluids: Yes No

Pertinent History:

Sedation Used: Yes, No, Medicated Used:

As the owner (or agent for the owner) of _____, I authorize the staff of RVUS to perform a diagnostic ultrasound. I realize RVUS makes no guarantee or warranty regarding the results. I have been informed of the possible complications of the sedation, if used, by the attending veterinary staff and/or the veterinarians of RVUS (weakness and disorientation) and I will not hold RVUS or its employees responsible. I expect the staff of RVUS to use reasonable precautions to ensure _____ safety and I agree to pay in full when the procedure is completed. I also authorize the staff of RVUS to clip any fur in order to facilitate the ultrasound examination, should this not be done in advance by clinic/hospital staff. Should sedation be required I authorize the veterinary staff of RVUS and/or the referring veterinarian(s) to administer the sedation.

Estimate of Services.

An itemized estimate of services will be provided prior to any ultrasound or sedation. I understand this is only an estimate and any further charges will be authorized by contacting the owner for consent prior to further care.

In the event that a veterinarian is unable to reach me at the above number during _____ hospitalization, ultrasound and possible sedation, I hereby give authorization to perform, and agree to pay for the procedure(s) and any sedation the attending veterinarian or veterinary staff of RVUS deem necessary even though these procedures may not have been included in the estimate. _____ (initial)

Signature: _____ Date: _____