



ULTRASOUND PROCEDURE AT TAKOMA PARK ANIMAL CLINIC

Client ID _____

Owner Name _____ Phone _____

Pet name _____ Age _____ Male Female Neutered Spayed

Your pet has been scheduled to have an Ultrasound at Takoma Park Animal Clinic by MIVU
(Mobile imaging Veterinary Ultrasound Group)

Reason for Ultrasound:

Body parts for study: (circle one/both) CHEST ABDOMEN ECHOCARDIOGRAM

Due to positioning of the body, sometimes the Ultrasound must be performed with a brief intravenous sedation for the comfort of your pet and to ensure the most accurate results for the study.
A consent form is enclosed for this as needed.

The Veterinarian may also obtain biopsies during the study to get more information on your pet's condition in order to give a more accurate diagnosis. There is a separate fee for biopsies.

Your admission time will be discussed with the referral veterinarian. Pets will be admitted to the clinic in the morning for most procedures. Please make sure that you do not give any food after midnight the night before. It is not necessary to withhold water.

You may be present for the Ultrasound and can consult with the Specialist. If sedation is given, your pet may be hospitalized until he or she is stable enough to go home.



Estimate for Ultrasound Study:

Ultrasound _____

Biopsy (one sample) _____

Biopsy (two samples) _____

Biopsy (three samples) _____

Centesis _____

Blood Work _____

Re-Check Ultrasound _____

Intravenous Sedation _____

Consultation _____

Other Procedure (list)

Daily Cage Fee _____

I have read and understand the above information regarding my pet's Ultrasound procedure.

_____ Date: _____