

ULTRASOUND RELEASE FORM

BERKS VETERINARY ULTRASOUND

Pet's Name: _____ **Owner's Name:** _____

1. I give permission to have a diagnostic ultrasound performed on my pet. I understand that in some situations the results of the ultrasound indicate a more advanced study must be performed which would cost more than the initial estimate. I give permission to do a more advanced study, if necessary.

2. I acknowledge that I have been encouraged to ask questions about the risks of and potential complications from diagnostic ultrasound, 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.

3. I understand that although 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. Accordingly, I acknowledge that there is no guarantee that my pet's problem will be diagnosed by means of an ultrasound evaluation.

4. I understand that depending on the patient and their condition, there is usually no pain and very little stress associated with ultrasound examinations. Some patients may, however, find this to be more stressful than others. I understand that with certain medical conditions, some of which may not show up on any tests or examination, serious complications may arise, which in very rare situations can be life threatening. I agree to be financially responsible for any complications that may arise.

5. I also give permission to administer a sedative if, in the judgment of the doctor(s), my pet appears to be too stressed by the procedure, or if a painful procedure such as a biopsy or needle aspirate is being performed (certain biopsies require general anesthesia—your doctor will discuss this if it is necessary). I understand that if a sedative is used, it is because the risks of stress related problems and benefits of a more accurate ultrasound examination exceed the risks of using a sedative. I understand that in very rare situations sedation, pain medication, or general anesthesia can cause serious side effects, some of which can be life threatening.

6. I understand that my pet must have hair shaved to perform an ultrasound procedure. If an abdominal ultrasound is being performed, the abdomen and sides will be shaved; if a thoracic ultrasound is being performed, one or both sides of the chest will be shaved; if a cardiac ultrasound is being performed, the lower side of the chest of one or both sides must be shaved; and any other site ultrasounded will have the corresponding area over it shaved. I understand that the hair shaved, in rare cases, can grow back a slight to moderately different color.

7. I HEREBY RELEASE AND HOLD HARMLESS BERKS VETERINARY ULTRASOUND, LLC AND DR. JASON E. TOMES FROM ANY RESPONSIBILITY OR LIABILITY ARISING FROM THE RISKS IDENTIFIED IN PARAGRAPHS 2, 4, 5 AND 6 ABOVE.

My pet has has not (please check) had, had a diagnosis of, or been suspected of having a seizure or epilepsy.

Signature of owner/owner's agent: _____ **Date:** _____

Phone numbers where I can be reached today:

Please list below all medications and herbs your pet is currently taking (include doses and frequency).