

### Consent For Ultrasound

Client ID:  
Client Name:  
Address:

Telephone:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

I, the undersigned owner, or owner's agent, of the pet identified above, certify that I am over 18 years of age, and thereby consent to the examination of my pet by staff veterinarians at Buzzards Bay Veterinary Associates or Dedham Veterinary Associates and after consultation with me to do an ultrasound on my pet.

I understand that my pet will be shaved for the ultrasound.

I understand that an estimate of the costs has been provided to me and I am encouraged to discuss all fees attendant to such care before services rendered. I further understand, of the above mentioned ultrasound, the results may not be available for 24-48 hours post-ultrasound.

My pet has been fasted since 12 midnight last night. **Yes / No** (circle one)

\_\_\_\_\_  
Signature of legal owner or agent

\_\_\_\_\_  
Date

**Please list telephone numbers in order of calling preference:**

**Telephone Number (including area code)**

**Circle One**

1) \_\_\_\_\_

**home/cell/work/other**

2) \_\_\_\_\_

**home/cell/work/other**

3) \_\_\_\_\_

**home/cell/work/other**

4) \_\_\_\_\_

**home/cell/work/other**