



## **Ultrasound Outpatient Procedure**

1525 Wilmington Drive NW DuPont, WA Phone (253) 267-5431 Fax (253) 235-4004

Name \_\_\_\_\_ Date \_\_\_\_\_

Animal \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

We have arranged for you to leave your pet here, to allow us to perform a brief procedure on your pet as soon as possible today (Ultrasound). We will call or message you when your pet is ready to be picked up. This may be anytime between drop off and 6pm.

The **BEST** number to reach me at today is: \_\_\_\_\_ or \_\_\_\_\_

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for my pet. I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

- If a biopsy is necessary, I agree to have the Specialist do a biopsy of the necessary site via Ultrasound Guided Biopsy while my pet is under general anesthesia. (Cost is ~\$580 for first site, and ~\$300 for each additional site. If done at a second visit an additional ultrasound fee may apply.)
- If a Fine Needle Aspirate (FNA) is necessary, I agree to have the Specialist do a FNA of the necessary site via Ultrasound, while my pet is under sedation. (Cost is ~\$415 for the first site and ~\$160 for each additional site. If done at a second visit an additional ultrasound fee may apply.)
- I understand that there may be additional risks associated with anesthesia/sedation and with biopsy or needle aspiration of lesions found on ultrasound. These risks have been discussed with me.
- I DO NOT want any biopsies or aspirates done. I understand that if biopsies or aspirates are necessary, I will schedule another Ultrasound in the future to have these tests performed.

Though we do not anticipate any problems, should your pet suffer a cardiac or respiratory arrest during your pet's stay here, how would you prefer we care for your pet?

What current medications is your pet taking currently? \_\_\_\_\_

Did your pet get any of these medications this morning? \_\_\_\_\_

(choose one of the following options:)

\_\_ Please make all efforts to resuscitate my pet. (I accept financial responsibility for the charges associated with resuscitation)

\_\_ Please make conservative efforts to resuscitate my pet (I authorize emergency care costs up to \$\_\_\_\_)

\_\_ Please do not attempt to resuscitate my pet (DNR)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_