

PITMAN ANIMAL HOSPITAL

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ULTRASOUND CONSENT FORM

A technician will phone when the testing is complete and will discharge my pet. The technician will not be providing the medical findings of the ultrasound. Further, I do understand that the results **may not** be available on the same day the ultrasound is performed. I understand that the referring doctor will be contacting me as soon as possible. The ultrasonographer is not available for consultation with clients.

Acknowledgement of the above:

PRINT NAME: _____

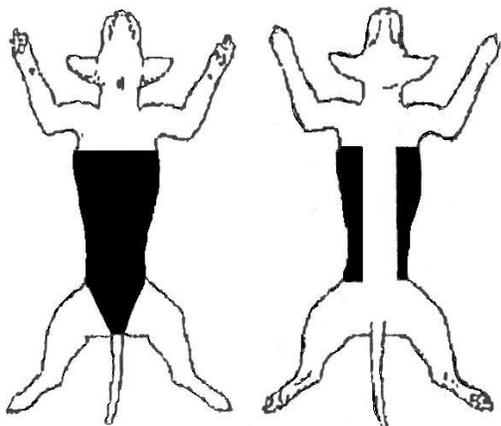
SIGNATURE: _____

DATE: _____ WITNESS: _____

REFERRING VETERINARIAN: _____

Important Information before having an ultrasound

Updated 01/09/2012



1. Animal must be fasted a minimum of 8 hours before an ultrasound or endoscopy.
2. Animals can have water up until the time they come into the office.
3. Please bring any radiographs (x-rays) that your referring vet may have taken recently.
4. Cases are accepted as "drop off" appointments. We ask that all animals be in the hospital between 7:45 AM and 8:45 AM.
5. Because animal fur interferes with ultrasound imaging, animals will be clipped down to the skin in the pattern to the left (black is the clipped area).

Pets Name: _____ Age: _____

Procedure(s) to be performed:

- Consultation
 Ultrasound

- Endoscopy
 Rhinoscopy

Prior to any procedure involving anesthesia, we may wish to perform pre-anesthetic testing. Your referring veterinarian may already have performed this. There may also be various tests Dr. Kaufman will recommend that are performed during the procedure. Some of these are almost always required to reach a diagnosis. They are:

- Anesthesia
 Ultrasound Aspirate

- Cytology
 Culture & Sensitivity
 Histopathology

If there is any other test Dr. Kaufman feels should be performed, she will call for your permission.

I understand that there may be risks involved in these procedures. I will not hold Pitman Animal Hospital, the Doctors, or the staff liable for complications.

I hereby leave my pet for Ultrasound/Diagnostic testing.

Referring Veterinarian: _____

Signature (must be 18 or older): _____ Date: ____/____/____

Admission Information Request

Patient Information:

Name:

Breed:

Sex:

Weight:

Intact or Neutered:

Any information regarding your pet's disposition we need to know:

Owner: Information:

Name:

Phone Number:

(Do not list work number if you do not want to be called at work)

Emergency Number:

Chief Complaint:

Referring Veterinarian:

Referring Hospital:

History:

Date of last vaccination:

Is your pet tested for heartworm disease?

Is your pet on heartworm preventative?

Other animals in household and are they normal?

Present medication(s):

Medication(s) in the last year:

Hospitalizations:

Current diet:

How long:

Weight change:

Any vomiting / diarrhea?

Changes in water intake?

Changes in urine output?

Appetite change:

Travel history?

Anything you would like us to add: