

Singing Hills Animal Hospital
1951 Willow Glen Dr.
El Cajon, CA 92019
Phone: 619-441-5850

Technician Check-in Initials: _____

Ultrasound Release Form

Patient Name: _____
Owner of Patient: _____

I hereby authorize Singing Hills Animal Hospital and its agents to perform an ultrasound on my pet. I am aware that that reasonable means will be used to perform the ultrasound without sedation, however, I understand that it is important that my pet remains very still during this procedure and it is sometimes necessary to sedate pets to achieve this. I understand the nature of the procedure and that there may be risk involved. Further, no guarantee has been made as to results or cure. I understand that in the event that additional procedures are deemed necessary, an attempt will be made to reach me before proceeding, but I understand that the veterinarians are authorized to perform any necessary procedures if they are unable to reach me.

My pet is here for the following ultrasound:

- ◆ Abdominal **and** Cardiac with Specialist Review(\$600) _____
- ◆ Abdominal with (\$300) _____ Add Specialist Review _____ (\$325)
- ◆ Cardiac with Specialist Review (\$350) _____
- ◆ Add on x-rays for interpretation (recommended) _____ (\$45)

****Prices do not include sedation and/or lab fees, if required****

Initial next to the following statements:

- My pet has **not** eaten with-in 12 hours. _____
- I give permission to have my pet sedated, if needed. _____
- I give permission to have needle aspirate performed and cytology sent to the lab for analysis, if deemed necessary by ultrasound findings. _____

I understand that my pet must be current on vaccinations (DHP, Bordetella, Rabies for canines and FVRCP for felines) to be admitted into the hospital. For those pets not current, vaccines will be updated as long as it is deemed safe and advisable by a veterinarian.

I understand that if external parasites (fleas or ticks) are found, a treatment will be administered at my expense.

Please plan to have your pet stay with us for the day.

Please provide the best number to reach you at: _____

I have read and understand the above information.

Signature of Owner/Agent

Date