



**2369 N. Triphammer Rd.
Ithaca, NY 14850
607-257-3650**

Authorization for Ultrasound Services

Client Name:

Address:

Pet's Name: ID: Species:
Breed: Birthdate: Sex:

I hereby authorize Colonial Veterinary Hospital and its designated associates and assistants to perform specified diagnostic tests on my pet.

For ultrasound, we will clip hair in the area to be imaged. Patients will be held on a special cushion during the procedure by members of our staff. In most cases, we do not administer sedation. However, if we feel the study is being compromised or the patient is unduly stressed, we may recommend sedation. If this is necessary, we will ask for your authorization prior to administering drugs.

Only the doctor and technician(s) are allowed to be present during the ultrasound for liability reasons.

Ultrasound Charges

Abdominal Study \$300

For radiographs or biopsy procedures, general anesthesia is usually required. Please initial here to authorize the use of anesthesia for radiographs and/or biopsy procedures if necessary.

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarian(s) at Colonial Veterinary Hospital to perform the above procedures(s). I agree to pay for all estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such services.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date

Phone number(s) at which owner or agent can be reached today and/or tomorrow.

