

Ultrasound & Cardiology Admit Form

CLIENT NAME:

PET NAME:

BEST CONTACT #:

PET WEIGHT:

Please check which test(s) your pet is receiving:

CARDIOLOGY CONSULT (Echocardiogram)

ABDOMINAL ULTRASOUND

Please list your pets typical diet:

When did your pet last eat?:

Is your pet on any medications? Which ones and how often are they given?

Is your pet experiencing any of the following symptoms? For how long?

Coughing

Increased Thirst

Sneezing

Increased Urination

Vomiting

Diarrhea

Any other questions or concerns that you'd like the doctor to review?

I agree to the above mentioned tests (sign below):

(Signature)

(Date)

(Best Contact #)

Abnormalities may be found during some ultrasound scans which prompt sampling (fine needle aspirates) by the ultrasonographer. If applicable, **do you give consent for the ultrasonographer to sample any lesions of concern?** The cost is \$150 for sampling + \$215.50 for the pathologist to review. (Total cost \$365.50).

YES, OKAY TO SAMPLE ANY LESIONS OF CONCERN: _____

NO, DO NOT SAMPLE ANY LESIONS OF CONCERN: _____

Declining this option today may necessitate future additional testing with potential scheduling delays.

One of our staff members will contact you when your pet is ready to be picked up. This typically ranges between 5-7pm. Results are typically reviewed and reported within 72 hours.