

Louisburg Veterinary Hospital

Ultrasound / Echo Sedation / Anesthesia Consent Form

Client & Patient Information

Client Name (First)		Last	
Patient Name		Phone Number	
Best Daytime Contact		Preferred Contact	Text / Call

Hospital Policies & Acknowledgements

I understand that Louisburg Veterinary Hospital is not staffed overnight and I accept any risks incurred by leaving my animal overnight unattended.

I understand a written estimate for services will be available upon request and I will provide a 50% deposit for estimated fees.

If fleas are found on my pet, I authorize treatment with an appropriate flea preventative and understand I will be charged.

I understand Louisburg Veterinary Hospital is not responsible for personal belongings left with my pet.

I understand no guarantee has been made regarding results and I assume financial responsibility for services rendered.

Pre-Anesthetic Blood Testing

It is important to understand that a preanesthetic profile does not guarantee the absence of anesthetic complications. It may reduce risk and identify conditions affecting anesthesia safety.

_____ Pre-anesthetic blood work requested

_____ Decline blood work and accept anesthetic risk

Ultrasound Guided Aspirate Cost and Approval

During the ultrasound we may identify areas requiring further diagnostics. Ultrasound guided aspirates collect cell samples for laboratory testing. This is not a biopsy. Additional sedation or anesthesia may be required. The cost for this procedure and associated laboratory testing is \$430 per site.

_____ Proceed at doctor discretion and accept the associated charges and testing

_____ Do not proceed. I understand I may need to reschedule and additional sedation charges may occur

Authorization to Perform Treatments

I authorize the doctors at Louisburg Veterinary Hospital to perform the indicated procedures for my pet. I understand sedation and anesthesia involve inherent risks and I have had the opportunity to discuss concerns with the veterinarian.

Client Signature		Date	
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CPR Consent Directive

If your pet requires cardiopulmonary resuscitation (CPR), please indicate your wishes below. A minimum CPR fee of \$190 may apply if resuscitation efforts are performed.

_____ REQUEST CPR for my pet if medically indicated

_____ DECLINE CPR (Do Not Resuscitate)

Signature		Best Contact Phone Number	
Date			

Louisburg Veterinary Hospital

115 N Church St • Louisburg, NC 27549

Call or Text: (919) 496-2638 • Fax: (919) 496-2699

Email: louisburg@thevetspets.com