

Fluoroscopy Anesthesia Consent Form



MOBILE PET IMAGING

Has the pet fasted? No food for 6–8 hours	<input type="radio"/> Yes <input type="radio"/> No
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Referring Veterinarian			
Your First & Last Name			
Pet's Name			
Species / Breed			
Sex	<input type="radio"/> F <input type="radio"/> M	Neutered / Spayed?	<input type="radio"/> Yes <input type="radio"/> No
		Age	

I am the owner or agent of the above-mentioned pet, and hereby understand, consent, and authorize a Fluoroscopy to be performed under sedation or general anesthesia.

I understand that as with any diagnostic procedure or treatment, including anesthesia and iodine administration, *rarely*, there are risks which may not be predicted, including fatality. I understand these risks occur in the course of veterinary care, as veterinary medicine has no guarantees or implied guarantees of outcomes or results.

I also understand that Mobile Pet Imaging will only provide veterinary care while performing the study. Once the study is completed, veterinary care will transfer back to the referring veterinarian.

Owner or agent's name *(print clearly)* _____

Owner or agent's signature _____ **Date** _____

I consent to MPI taking photos/video of my pet for medical documentation, case studies, marketing and social media use. **Initials here:** _____