



ULTRASOUND CONSENT FORM

Patient name (First and Last): _____
Veterinarian: _____
Veterinary clinic: _____
Procedure(s): _____

Thank you for entrusting Insight Mobile Veterinary Diagnostics to perform an ultrasound on your pet. Our goal is to provide a safe and stress-free experience for your pet while obtaining valuable diagnostics to develop an effective treatment plan.

Some of the common potential complications associated with an ultrasound are outlined below. Although many of these complications are unlikely to occur, it is important that you make an informed decision with regards to your pet's procedure(s). If you have any queries about the procedure, please discuss these with your veterinarian before signing this form.

Listed below are some of the complications that may occur.

General Anaesthesia/Sedation. There is a small chance of complications or death, even in an otherwise healthy patient, associated with any anaesthetic or sedative. The approximate risk of death for anaesthesia or sedation is 1 in 1000 cats and 1 in 2000 dogs.

Aspirates or biopsies. There is a small risk of complications that may arise as a result of aspirating a lesion. These risks include internal bleeding, rupture of the lesion or seeding of cancer cells in the skin. The risk of this occurring is very small and is minimised by using ultrasound guidance to avoid vital structures.

Pericardiocentesis. There is a small risk of complications associated with drainage of fluid out of the pericardial space including cardiac puncture, arrhythmias, pericardial bleeding or death. These risks are minimised by using ultrasound guidance to avoid vital structures and an ECG to monitor the heart rhythm.

Thoracocentesis. There is a small risk of needle damage to the lung tissue resulting in a leakage of air into the thoracic cavity (pneumothorax). In most cases this resolves without any further intervention, however occasionally drainage of the air out of the chest will be required.

- Permission to sedate or anaesthetise my animal, if deemed necessary by the hosting veterinarian. Initial

- Permission to perform ultrasound of additional cavity, if deemed necessary by the hosting veterinarian. Initial

- Permission to perform ultrasound-guided needle drainage, aspirate or biopsy, if deemed necessary by the hosting veterinarian. Initial

- Permission to perform a blood clotting test prior to a needle biopsy procedure, if deemed necessary the hosting veterinarian. Initial

- I acknowledge that I will pay the additional fees associated with the procedures listed above, if and only in the unlikely event they may become necessary. Initial

I hereby certify that I am the owner/guardian of the patient described above and being a person over 18, I have the authority to execute this consent.

I hereby consent to the performance of the procedure(s) outlined on this form.

I hereby certify that I have read this document, the nature and the purpose of the procedure(s) have been explained to me and I understand what will be done. I am aware that the common complications have been explained to me and understand that this form does not include an exhaustive list of every possible complication that may occur.

Whilst the utmost professional care and attention will be given to your animal, inherent risks do exist with any procedure including unexpected complications and loss of life.

Owner/Guardian

Witness

Printed name: _____

Printed name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____



mobile
veterinary
diagnostics

9005 0323
clint@insightmvd.com.au
www.insightmvd.com.au