

# ANESTHESIA CONSENT FORM



MOBILE PET IMAGING

|  |  |
|--|--|
| <b>Has the pet fasted?</b> No food for 6–8 hours | <input type="radio"/> Yes <input type="radio"/> No |
|--|--|

|                                   |   |                           |  |
|-----------------------------------|---|---------------------------|--|
| <b>Referring Veterinarian</b>     |   |                           |  |
| <b>Your First &amp; Last Name</b> |   |                           |  |
| <b>Pet's Name</b>                 |   |                           |  |
| <b>Species / Breed</b>            |   |                           |  |
| <b>Sex</b>                        | <input type="radio"/> F <input type="radio"/> M | <b>Neutered / Spayed?</b> | <input type="radio"/> Yes <input type="radio"/> No |
|                                   |   | <b>Age</b>                |  |

**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:** \_\_\_\_\_