

# High-Definition CT Scan 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
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<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 the following procedure(s):**

- CT scans to be performed under sedation or general anesthesia.  
To enhance the images, an injection of iodine (contrast solution) is sometimes given during the exam.
- Other procedure \_\_\_\_\_

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