

ULTRASOUND AUTHORIZATION

ALL PETS MEDICINE, SURGERY & REHABILITATION CLINIC
MAPLETON, MN. 56065 507-524-3748

Owner's Name: _____ Pet's Name: _____ Age: _____

Your pet's safety and comfort are our number one concern here at All Pets! Before your pet has an ultrasound, he/she will be examined for any problems that could interfere with anesthesia. If any abnormalities are noted, every effort will be made to contact you and discuss options. Your pet will be undergoing deep sedation for this procedure and will have an IV catheter placed in one of his/her front legs for support under anesthesia. He/She will be closely monitored both during and following the procedure to help ensure that he/she has a safe and comfortable recovery. We are happy to extend the excellent care that the knowledge and expertise of our doctors and staff helps to ensure. We have confidence that we can meet and exceed your high expectations for the care your pet deserves.

Procedure to be performed:

Phone number(s) you can be reached on the day of ultrasound: _____

How would you like us to communicate with you after the procedure?

Text Phone call

Is your pet currently taking any medications? If yes, name medication and time of last dose?

Yes No I would like a pre-surgical blood screen of liver and kidney function performed before anesthesia. This aids the doctor in making the best choice of anesthetics for your pet. Kidney and liver problems require specific anesthetics, and these problems can exist in your pet at any age without causing them to act ill. **(\$48.78)**

OTHER SERVICES: Please check any of the following services you would like us to perform:

- | | |
|---|--|
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Nail Trim (no charge) |
| <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Check Ears (no charge) |
| <input type="checkbox"/> Leukemia Test | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Fecal Exam | _____ |
| <input type="checkbox"/> De-worming | _____ |

***If fleas are found on your pet during examination, your pet will be treated with CAPSTAR™ and Frontline at your expense to kill the fleas and protect our other patients.**

***Because it is a legal requirement in the state of MN, we require proof of a current Rabies vaccination before the time of ultrasound. In absence of this information, we will administer a Rabies vaccine at the owner's expense.**

Pick up time: _____

Owner Signature: _____ Date: _____