



Gilbert Queen Creek Emergency Veterinarian  
1861 E Rittenhouse Rd. Bldg. B Queen Creek, Az 85142  
Phone: 480-674-3200 / Fax: 480-674-3201  
Website: [www.GQvet.com](http://www.GQvet.com)

## Ultrasound Consent Form

Owner: \_\_\_\_\_ Client Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
Color: \_\_\_\_\_ Sex: \_\_\_\_\_

I am either the owner of \_\_\_\_\_ or responsible for said pet and have the authority to give this consent. I am at least 18 years of age. By initialing, I am agreeing that <animal> have an ultrasound performed. I agree to indemnify and hold Gilbert Queen Creek Emergency Veterinarian and its employees harmless from and against any and all liability arising out of the performance of any of the procedures referred here.

I hereby authorize the performance of a Diagnostic Ultrasound. *I understand the cost of an Ultrasound Diagnostic is \$363.40. I understand that if a current exam with GQ Vet is not on file, there will be an exam fee of \$130 in addition to the cost of the diagnostic ultrasound. An Ultrasound Radiology Consultation Report may be required pending the doctor's evaluation of the ultrasound, which would be a cost of \$254.22 if found necessary.*

I expect Gilbert Queen Creek Emergency Veterinarian to use reasonable care and judgment while performing an Ultrasound Diagnostic. If it is found that sedation or anesthesia is necessary for <animal>, I choose ONE of the options below:

1.  Please use sedation or anesthesia if necessary. I understand that there will be an **additional** cost of **\$150.81**

**OR**

2.  Please call before the use of sedation or anesthesia. I understand that failure to answer *may result in delay of the procedure or later pick up time, or may result in rescheduling the procedure for another day.*

**Is your pet on any medications/dietary supplements? If so, please list medications below and why:**

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**How is your pet doing? Eating & Drinking? Vomiting? Comments:**

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**Phone numbers where I can be reached at today:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

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Signature of Responsible Party

If Not Owner, Print Name

Date