



Gilbert  
Queen  
Creek

Emergency  
Veterinarian

Gilbert Queen Creek Emergency Veterinarian  
1861 E Rittenhouse Rd. Bldg. B Queen Creek, Az 85142  
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## Cardiology, Echocardiogram, and Exam Consent Form

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

I am either the owner of {AnimalName} or the responsible party for said pet and have the authority to give this consent. I am at least 18 years of age. By signing, I am agreeing that {AnimalName} have an echocardiogram and exam performed. I agree to indemnify and hold Gilbert Queen Creek Emergency Veterinary clinic 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 an Echocardiogram by Doctor Miller and Dr. Matthews. I understand the cost of an Echocardiogram, Report, and consultation is \$824.12. I expect Gilbert Queen Creek Emergency Veterinary clinic to use reasonable care and judgment while performing an Echocardiogram.

\_\_\_\_\_ Please use sedation if necessary. I understand that there will be an additional cost of up to \$166.27.

Why are you bringing your pet in today? \_\_\_\_\_

Is your pet on any medications/dietary supplements? When were they last given? \_\_\_\_\_  
\_\_\_\_\_

How is your pet doing? Eating and Drinking? Vomiting?  
Comments? \_\_\_\_\_  
\_\_\_\_\_

Any new symptoms since the last visit to your pet's primary Veterinarian? \_\_\_\_\_  
\_\_\_\_\_

{SignatureMedium} \_\_\_\_\_ {TodaysDate} \_\_\_\_\_

WT:                      HR:                      RR:                      MM:                      CRT: