



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

CT 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. I authorize the use of such anesthetics or sedation as you deem advisable and the performance of such surgical or therapeutic procedure as you determine to be indicated. I agree to indemnify and hold Gilbert Queen Creek Emergency Veterinarian & Referral Center and its employees harmless from and against any and all liability arising out of the performance of any of the procedures referred to here.

_____ I hereby authorize the performance of a CT scan performed by Gilbert Queen Creek Emergency Vet. I expect Gilbert Queen Creek Emergency Vet clinic to use reasonable care and judgment while performing a CT Scan.

_____ I understand that recent bloodwork within 2 weeks of the CT scan is required. I understand that there will be an additional cost of \$317.54 if blood work is to be performed.

Why was your pet referred for a CT scan today?

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

Any new symptoms since your pet's last visit to their veterinarian?

When was the last time your pet had anything to eat or drink?

Signature: _____ Date: _____