



Gilbert
Queen
Creek

Emergency
Veterinarian

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

Cardiology, Echocardiogram, and Exam Consent Form

Owner: _____ Phone: _____
Address: _____
Patient Name: _____ Species: _____ Breed: _____
Age: _____ Color: _____ Sex: _____ Spayed/Neutered: _____

I am either the owner of _____ 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 _____ 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 Dr. Paige MS, DVM, DACVIM and his associates. I understand the cost of an Echocardiogram, Report, and consultation is _____. 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 \$174.59.

or

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

Why was your pet referred for an ECHO?

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?

What type of diet is your pet on? Brand? How long?

Signature: _____ Date _____

Vitals (For Office Use):

WT: _____ HR: _____ RR: _____ MM: _____ CRT: _____