



## Authorization for Ultrasound

First Name: \_\_\_\_\_ Animal: \_\_\_\_\_ SP: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Purpose for Ultrasound:** \_\_\_\_\_

### Ultrasound with or without sedation

As the owner (or agent for the owner) of \_\_\_\_\_, I authorize the staff of HKVUS (Hong Kong Mobile Veterinary Ultrasound Service) to perform a diagnostic ultrasound. I realize HKVUS makes no guarantee or warranty regarding the results. I have been informed of the possible complications of the sedation, if used, by the staff of HKVUS (weakness and disorientation) and I will not hold HKVUS or its employees responsible. I expect the staff of HKVUS to use reasonable precautions to ensure \_\_\_\_\_ safety and I agree to pay in full when the procedure is completed. I also authorize the staff of HKVUS to clip any fur in order to facilitate the ultrasound examination. Should sedation be required I authorize the staff of HKVUS and/or the referring veterinarian(s) to administer the sedation.

### Estimate of Services

An itemized estimate of services will be provided prior to any ultrasound or sedation. I understand this is only an estimate and any further charges will be authorized by contacting the owner for consent prior to further care.

In the event that a veterinarian is unable to reach me at the above number during \_\_\_\_\_ hospitalization, ultrasound and possible sedation, I hereby give authorization to perform, and agree to pay for the procedure(s) and any sedation the staff of HKVUS deem necessary even though these procedures may not have been included in the estimate. \_\_\_\_\_ (*initial*)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_