



Consent form

Date

Owners Name

Owners Address

Owners Telephone Number

I confirm that I will be contactable at all times during today on this number. YES/NO

Patient Name

Patient Species

Patient Age

Patient Weight

Patient sex and neuter status

Details of procedure _____

I give permission for ultrasound images, photos and information obtained during the examination of my pet to be used for training, quality assurance, marketing or informational materials including on social media sites (all identification of pet, owner and practice will be removed) and for data collection and image storage. Data collection is subject to data protection laws and individuals reserve the right to have data removed from storage on request.

My pet last ate at _____ to allow a starvation period greater than 12 hours. I understand that if my pet has not been starved, this may prevent part of the examination being optimally performed and can also increase risks if my pet requires sedation.

I give consent for my pet's fur to be shaved off as required to obtain optimal image quality- this will include both sides of the body and underneath. Ultrasound examination will not be possible without fur clipping consent.



VetArtis

I give consent for sedation or anaesthesia to be administered and understand there are small risks involved with this which the partner practice has discussed with me. If consent for sedation has not been obtained, I understand this may prevent parts of the examination being performed or the obtainment of optimal quality images.

I give permission for ultrasound-guided needle biopsies or core biopsies to be taken as planned or if deemed necessary. I understand there are small risks associated with these procedures which have been explained to me, and that the samples do not guarantee a diagnosis.

I understand that the responsibility and care for my pet remains at all times with the hosting partner practice and case vet and they will provide ongoing care as required.

I agree that the proposed procedures have been explained to me, I have had the opportunity to ask questions, and I understand and accept the risks involved. (These risks are further detailed on the risks leaflet which is available on the website).

I understand fees are paid to hosting practice.

I give my consent to the treatment agreed I am the owner of this animal OR I am not the owner, but I have the authority to act on behalf of the owner of the animal described above.

I confirm that I am over the age of 18

I have read the above information and hereby give consent for my pet to undergo the planned procedures and examinations, with any other procedures which may prove necessary in an emergency.

Signature of person giving consent:	Signature of person collecting consent:
Print name:	Print name:
Date:	Practice: