



Miami Springs Animal Hospital

ANESTHESIA CONSENT FORM FOR CT SCAN

NAME OF REFFERING VETERINARIAN AND CLINIC		
NAME: First, Last		
PET'S NAME:		
SPECIES/BREED		
SEX: <input type="checkbox"/> F <input type="checkbox"/> M	NEUTERED/SPAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGE:
DATE & TIME OF YOUR PET'S LAST FOOD: (*No food in the past 8 hours)	DATE:	TIME:

I, _____ owner, or representative of the Owner for the above mentioned Pet, hereby understand, authorize and consent that:

1. A CT Scan will be performed under sedation and/or general anesthesia;
2. Owner agrees that blood work is required: has recent blood work - will do B/W in clinic.
3. As with any procedure or studies which requires administering anesthesia and/or Iodine, there are risks which may not be predicted, including death.
4. In any case these risks occur in the course of Veterinary care, in veterinary medicine there are no guarantees or implied guarantees of outcomes or results, nor can one be made as to the results of any therapy.
5. If patient is referred by outside Practice Veterinarian, Miami Springs Animal Hospital will only provide veterinary care while performing the study. Once the study is completed, veterinary care will transfer back to the referring clinic veterinarian, in this case _____.

I understand and assume the responsibility of any additional expenses that may occur as part of these procedures or treatment. I understand that the pet is to fast 10 hours prior to be anesthetized.

Owner or Representative's Name (Please Print) and sign.	
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