Falconbridge Animal Hospital 1401 W. NC Hwy 54 Durham, NC 27707

Veterinary House

Village Veterinary Hospital 50150 Governors Dr. Chapel Hill, NC 27517

919-403-5591

Signature of Owner or Agent

www.FalconbridgeAnimal.com

919-967-4779

	Ultrasound	Consent Form		
Client: Date: Phone:	Patient:DOB:Age:	Sex Spe Bre	ecies:	
Proc	cedures are performed	at the Durham Office	ce	
I hereby authorize Falconbridge am aware that it is important that necessary to sedate pets to achievithout contacting me but that resedation. I understand the nature guarantee has been made as to facilitate proper imaging.	t my pet remains ver leve this. I am awar easonable means wi re of the procedure a	ry still during this property of the still during this property of the still be used to perform and that there may	rocedure and it is s ill have to make thi m the ultrasound w be risk involved. F	sometimes s decision vithout Further, no
I understand that in the event the made to reach me before proceed perform any necessary procedur	eding, but I understa	nd that the veterina		
I understand that current Wellne pets, as well as Parvo, Bordete admission to the hospital. Pets deemed safe and advisable by a	IIa, Flu Vaccine (H3 not current on vacci	N2), and a Fecal I	Flotation for dogs,	before
I certify that to the best of my knorelease. If parasites, such as fleadmission for an additional cost.	eas or ticks, are foun	The state of the s		•
Other services desired at addition Nail trim (\$18.00) Microchip Identification (\$48.00) Other:	An	eck) al Gland Expressio	n (\$25.00)	
My pet has fasted for 12 hours My pet is on heartworm prevention				
Ultrasounds are performed by a as 5:00 PM. Please plan to pick				
A basic, single area ultrasound individual needs of patients. I payment is expected at the tim	understand that al			
☐ Falconbridge & Village Vets can Facebook & follow us on Instagram		on and their social m	nedia pages. (Like u	s on

Best Contact Number Today

Date signed