



VCA Animal Specialty Group

Ultrasound Only Referral Form

Hospital Name _____ Referring Veterinarian _____

Client Information

Last Name First Name Spouse

Street Address Apt# City State Zip Code

Home Phone Cell Phone Work Phone

Patient Information

Pet's Name Species Dog/Cat Breed

Sex Spayed/Neutered Date of Birth/ Age Color

I, the owner or agent of the patient, authorize VCA Animal Specialty Group to perform an ultrasound on my pet. I understand no guarantees have been made as to the outcome.

***The ultrasound report and findings will be discussed with your veterinarian only.**

Signature of Owner/Agent: _____

On occasion, free fluid within the abdominal cavity is found during the ultrasound examination. Analysis of the fluid can be very helpful to your veterinarian in the work-up of your pet's condition. The safest method to obtain a sample is with ultrasound guidance. A sample will not be obtained if there is too small a quantity or if it is unsafe to do so.

The cost to obtain the sample is \$ 50.00. The sample will be sent with you so that your veterinarian may submit it to the laboratory.

I hereby consent Dr. Geist or Dr. Slusser to obtain a sample of the fluid by fine-needle aspiration, for diagnostic purposes if fluid is found in the abdomen.

I authorize to obtain a sample _____

I do not authorize to obtain a sample _____