

**Veterinary Specialists of Connecticut**  
**993 N. Main Street**  
**West Hartford, CT 06117**  
**(860) 586-8610**

**MRI Screening Information**

**Pet Information**

Pet's Name: \_\_\_\_\_ Weight: \_\_\_\_\_ (if known)  
Please check one: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Male (unaltered) \_\_\_\_\_ Female (unaltered) \_\_\_\_\_ Male Neutered \_\_\_\_\_ Female Spayed \_\_\_\_\_  
Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Type of MRI Exam: \_\_\_\_\_

**MRI Screening Information**

**To the best of your knowledge does your pet have any of the following?**

Cardiac Pacemaker: Yes \_\_\_\_\_ No \_\_\_\_\_  
Metal Fragments, BB's, or any known metal of any kind in their body: Yes \_\_\_\_\_ No \_\_\_\_\_  
Artificial Heart Valves: Yes \_\_\_\_\_ No \_\_\_\_\_  
Surgical Rods/Pins/Plates/Staples: Yes \_\_\_\_\_ No \_\_\_\_\_  
Artificial Hip: Yes \_\_\_\_\_ No \_\_\_\_\_  
Prior MRI Exams: Yes \_\_\_\_\_ No \_\_\_\_\_  
ID Chip: Yes \_\_\_\_\_ No \_\_\_\_\_  
Transdermal Medicinal Patches: Yes \_\_\_\_\_ No \_\_\_\_\_

If 'YES' to any questions, please provide as much detail as possible: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (Owner/Agent) \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your trust in Veterinary Specialists of CT. This information will allow us to provide the safest possible environment for your pet during their MRI exam.

Thank You,

The Staff of Veterinary Specialists of Connecticut