Royal Bay Veterinary Clinic
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CONSENT FORM

Ultrasound / Sedation Consent Form

Client & Patient Details

Client Name: _____ Pet's Name: _____

Address: _____ Species / Breed: _____

Phone(s): _____ Age / Sex: _____

Procedure: _____

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal listed above. My pet has been recommended for an ultrasound examination to help assess their health and diagnose any underlying medical conditions.

An ultrasound is a non-invasive imaging technique that allows us to examine your pet's internal organs in real time. While ultrasound itself is painless, pets require sedation to ensure they remain still for clear imaging. Sedation is generally low risk but, as with any medication, there is a small chance of side effects such as drowsiness, nausea, or, in rare cases, an adverse reaction. The cost of sedation is included in the cost of the ultrasound exam.

Fine Needle Aspirate (FNA)

In some cases, a fine needle aspirate (FNA) may be necessary to collect a sample for further evaluation. This involves inserting a small needle into an organ, mass, or fluid pocket to collect a sample for diagnostic testing. This is generally low-risk, but possible complications include mild discomfort or bruising at the site, bleeding (extremely rare but can be serious), infection (extremely rare), or inadvertent sampling of non-target tissue (extremely rare). The cost of an ultrasound-guided FNA is $150 (for up to 3 sites), except for aspirates to collect urine from the bladder, which are complimentary. Cytology of the sample is an additional cost, usually $155–$250 depending on the number of sites sampled.

Owner Consent & Acknowledgment

- ☐ I authorize sedation and ultrasound examination of my pet.
- ☐ I authorize the veterinarian to perform a Fine Needle Aspirate IF they determine it is necessary for diagnosis.
- ☐ I have read and understand this form and accept responsibility for payment of all charges incurred and services provided to my animal by Royal Bay Veterinary Clinic. I understand that payment for my pet's procedure is due prior to discharge.

Signature:

Date: _____