



DIAGNOSTIC IMAGING RELEASE FORM

MILL BROOK ANIMAL CLINIC
1183 Massachusetts Avenue
Arlington, MA 02476

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Pet's Name: _____ Owner's Name: _____

Procedure(s):

- Radiographs Echocardiography
 Abdominal Ultrasound Blood Pressure

ADMISSION QUESTIONNAIRE

CIRCLE ONE

When did your pet last eat anything?	Did your pet receive Cerenia last night?	YES	NO
Has your pet gone to the bathroom this morning?	YES: URINATED / DEFECATED / BOTH		NO

I am the owner or agent responsible for the above animal and have the authority to give consent for this procedure. The doctor has explained the medical condition of my animal and fully described the treatment plan for my pet. I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s), unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed and understand that such procedures may require the doctor to extend or change the treatment plan. I accept full responsibility for the estimated charges and any reasonable extensions as determined necessary by the doctor. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

I have also been informed of the risk of the procedure including the use of certain drugs and anesthetics. I also understand that other members of the medical team at Mill Brook Animal Clinic may be involved in my pet's care.

Animals must be picked up the afternoon of the procedure. Full payment is required at the time of the discharge.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE PARASITES WILL BE TREATED AT THE OWNER'S EXPENSE.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND HEREBY GIVE MY CONSENT TO THE ABOVE PROCEDURE(S).

Print name: _____ Signature: _____

Date: _____ Phone numbers to be reached on: _____

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Some patients may have anxiety, pain or discomforts and will benefit from the anxiolytic and sedative effects of butorphanol (opioid) and/or dexmedetomidine (reversible sedative analgesic) when indicated. For this reason, we ask that you complete the below sedation consent to serve as a contingency, should this be necessary.

SEDATIVE / ANESTHESIA CONSENT

You are to use all reasonable precautions against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but you will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks.

I have read the foregoing and agree.

Print name: _____ Signature: _____

Resuscitation Directive

Your pet has been admitted for hospitalization. The staff at Mill Brook Animal Clinic will make every effort to prevent complications arising from your pet's procedure at our clinic. However, in some cases, there is risk that your pet may experience respiratory and/or cardiac arrest while hospitalized. We encourage an open discussion of all medical information between you and our veterinary staff prior to admission. Cardio-pulmonary resuscitation (CPR) is a difficult subject for many people, but one that is very important to review. All patients admitted to Mill Brook Animal Clinic must have a resuscitation directive regardless of severity of illness.

We are requesting that you choose whether or not you want us to revive your pet in the unlikely event that your pet experiences respiratory and/or cardiac arrest. If a pet arrests, there is a short critical window of opportunity to initiate CPR beyond which the success rate of cardio-pulmonary resuscitation decreases significantly. By selecting now, we will be able to initiate our efforts without delay. Once we have initiated CPR, we will contact you to make further decisions. Please choose from the following options and initial the appropriate line.

Attempt Resuscitation: This choice indicates that you authorize all efforts and procedures determined to be appropriate by the veterinarian to try to resuscitate your pet. CPR is more likely to be successful in a previously healthy, young patient and specific recommendations may be made by your veterinarian based on your pet's condition. If CPR is effective, there are often problems that need to be addressed after resuscitation. CPR does not resolve any underlying diseases. It is important that you know the cost of the CPR starts at \$200 and the total will vary depending on your animal's needs. This and the cost of any additional care after the CPR are in addition to your current estimate.

Do Not Resuscitate: Every attempt will be made to prevent a cardiac and/or respiratory arrest from occurring, but if your pet arrests, no CPR will be performed. I have read and understand the CPR options above and in the event my pet experiences respiratory and/or cardiac arrest, I authorize Mill Brook Animal Clinic to act according to my choice above.

Print name: _____ Signature: _____ Date: _____

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