
Consent Form & Payment Agreement

Pet's Name: _____ **Species:** __Dog __Cat __Other (_____) **Age:** _____

Breed/Description: _____ **Sex:** __ Male __ Female __Spayed/Neutered

Owner's Name: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

I, (named above), am the legal owner/agent of the pet described above. I authorize and request that VDiC perform the following procedure(s) on my pet.

- Ultrasound examination \$424.00 (sedation and/or anesthesia may be necessary)
- Sedation \$110.00 /Anesthesia \$147
- Fine Needle Aspirate and Cytology \$311.00 per location (usually will require sedation or anesthesia)
- Other/Additional Charges: _____

Full payment for services rendered will be made directly to VDiC upon completion of today's ultrasound procedures. The following methods of payment are accepted at this time: Exact Cash, Check, Visa, Mastercard, AmEx, and Discover
Please note VDiC does NOT accept Care Credit as a form of payment.

Following the procedure, the images will be reviewed by a radiologist and a report will be sent to your veterinarian within 24 hours (except weekends). If fine needle biopsies were taken, the results will be sent to your veterinarian within 24-48 hours. Tru-cut biopsies are sent to an outside lab and results are usually available within 72 hours (except weekends). Please contact your veterinarian for all results.

Authorization:

I have received a copy of "Frequently Asked Questions." I am aware of the risks associated with the use of sedation or anesthesia on my pet. I am also aware of the risks associated with performing a fine needle or Tru-cut biopsy. I understand and agree that payment in full is due after the services are performed. I understand that a diagnosis may not be obtained with imaging alone and that additional services may be needed to attempt to obtain a diagnosis.

In case of an emergency, I authorize for my pet to be examined and administered life saving treatment and diagnostics as deemed necessary by the clinicians and staff of VDiC and the Emergency Veterinary Clinic of Tualatin. I understand that no guarantee or assurance has been made as to the results that may be obtained. I assume financial responsibility for all charges incurred to my pets emergency treatment (estimated at \$300 for initial CPR) and will make direct payment to the Emergency Veterinary Clinic of Tualatin.

Please provide CPR, as needed _____ Please Do Not Resuscitate _____

Signature: *COVID-19 Curb Side Verbal Authorization*

Date:
