ULTRASOUND GUIDED BIOPSY RELEASE FORM

BERKS VETERINARY ULTRASOUND

Pet's Name:	Owner's Name:	
1. I give permission to have	e an ultrasound guided biopsy p	performed on my pet.
complications from an ultra satisfaction, and believe I h procedure. I understand th biopsies in the chest or live	asound guided biopsy, have had ave all the information I need to nat complications such as intern er area, a punctured lung can oc	tions about the risks of and potential d those questions answered to my o make an informed decision regarding this al bleeding, infection, and with certain cur. I understand that these complications inancially responsible for any complications
problems, not all problems definite diagnosis cannot b	can be diagnosed with a biops	y is an excellent diagnostic tool for many y. I further understand that in some cases a ledge that there is no guarantee that my pet's ded biopsy.
general anesthesia-your do	octor will discuss this if it is nece edication, or general anesthesia	nedication to my pet (certain biopsies require essary). I understand that in very rare a can cause serious side effects, some of
very little stress associated sensitive or find this to be	with an ultrasound guided biop more stressful than others. I un ow up on any tests or examinati	ondition, there is usually very little pain and osy. Some patients may, however, be more derstand that with certain medical conditions, ton, serious complications may arise, which in
abdominal organ or mass i or mass is being biopsied,	s being biopsied, the abdomen one or both sides of the chest vea over it shaved. I understand	orm an ultrasound guided biopsy. If an and sides will be shaved; if a thoracic organ will be shaved; and any other site biopsied will that the hair shaved, in rare cases, can grow
	Y RESPONSIBILITY OR LIABILI	TERINARY ULTRASOUND, LLC AND DR. TY ARISING FROM THE RISKS IDENTIFIED
My pet <mark>□has □has not</mark> (seizure or epilepsy.	please check) had, had a diag	nosis of, or been suspected of having a
Signature of owner/owner	er's agent:	Date:
Phone numbers where I c	an be reached today:	

Please list below all medications and herbs your pet is currently taking (include doses and frequency).