

**SOUTHERN COUNTIES VETERINARY
SPECIALISTS
OWNERS CONSENT FOR CARDIOLOGY
INVESTIGATION**



DISCHARGE TIME

OWNER:

PHONE:
MOBILE:

CLIENT NO:
NAME:
BREED:
D.O.B:

AGE:

PATIENT NO:
SEX:
COLOUR:
WEIGHT:

PROCEDURES

- Blood pressure measurement BP =
mmHg
- ECG
- Holter
- Blood sampling (cardiac profile/ biomarkers only/ profile/screen)
- Venous catheterisation
- Echocardiography (ultrasound of the heart)
- Radiography (x-rays)
- Sedation (if required) (ACP+torb/ midazolam+ketamine/ propofol/other)
- General anaesthesia (if required)
- Bronchoscopy & bronchoalveolar lavage (if required)

Consent for sedation/anaesthesia and investigation procedures

**I hereby give permission for the sedation and/or general anaesthesia of the above patient.
I understand that there is a small inherent risk with sedation and anaesthesia.**

I give permission for the above pet to undergo the procedures as detailed above.
I am satisfied that the procedures and the risks involved have been explained adequately to me.
I give permission for hair clipping for the purpose of procedures detailed above.
I am happy that any spare blood can be used for research purposes

I understand that some of the medications used are licensed for use in people but not in dogs or cats, ie their safety has not been tested in dogs or cats. However they are all products which are routinely and safely used. Further details are available if I request them.

ESTIMATED FEES

I have been provided with an estimate of the projected costs for investigation.
Estimated cost =

I agree to settle my account on the day of investigation

I understand that Southern Counties Veterinary Specialists LLP do not routine settle directly with insurance companies

I understand that Southern Counties Veterinary Specialists LLP are not responsible for ensuring that the patient is adequately insured prior to investigation

Signature of Owner or Authorised agent: X

Date: