

Veterinary Outpatient Imaging Center

OUTPATIENT IMAGING CONSENT FORM

Pet Name _____

Owner Name _____

Appointment Date and Time _____



Day of Appointment

Please arrive for admission as scheduled. We will call/text you when your pet's procedure is complete to coordinate an appointment for discharge. Please read this document in full and sign to secure your appointment time. At drop off, please be able to provide information on the timing of the last meal and any medications given.

Payment: Payment is due at the time services are rendered. We accept Cash, Check, Visa, Mastercard, American Express and Scratch Pay.

Note: There is a 3% processing fee added to payments made by credit card.

Education and Social Media Consent

Pet Owner Initial _____

I hereby provide SVS Imaging/COVE permission to take photographs and videos of my pet for the purpose of posting on SVS Imaging/COVE Facebook pages, clinic website and any other social media or education platforms used by SVS Imaging Service/COVE. I hereby release and discharge SVS Imaging Service/COVE, from any and all claims arising out of the use of the photos or videos. In initialing this consent, I give authorization to use my pet's name and medical case information. I understand that my consent is freely given and that there has been no promise of compensation, payment, goods or services to be provided for any such use and have no expectation to receive compensation, payment, goods or service.

Consent to Medical Record Sharing

Pet Owner Initial _____

I hereby grant permission for the release of any or all of the information contained in the medical records of the above named pet to the following person or veterinary practice(s) _____

Consent to Service and Care

- I verify that I am at least 18 years old and am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed.
- I have been advised as to the nature of this procedure to be performed and the risks involved, regardless of their health status.
- I authorize SVS Imaging/COVE Center of Veterinary Excellence to use sedation, anesthesia and other medication as deemed necessary by the veterinarian to perform diagnostic imaging and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian.
- In the event of unforeseen complications, I authorize the doctors and staff to perform any life saving procedures deemed necessary and agree to pay for all charges that are incurred as a result at the time my pet is released.
- By signing I agree that I understand & consent to the document and will not hold SVS Imaging/COVE Center of Veterinary Excellence or its staff liable for any complications.

Print Name _____ Signature _____ Date _____