

Paw Prints Veterinary Hospital, LLC

101 Pennsylvania Avenue
Flemington, NJ 08822
(908) 824-7606

ULTRASOUND DROP-OFF FORM

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

Today's Phone Number(s): _____

I am the owner (or agent of the owner) of the animal described above. I hereby authorize Paw Prints Veterinary Hospital, LLC and VetSound IM, LLC to perform an ultrasound on my pet.

To achieve maximum results, I understand that it may be necessary to sedate my pet during his/her exam. If this is necessary, I consent to the administration of anesthetics and surgical procedures requested or as deemed necessary by the attending veterinarian.

Ultrasound Procedure: Please check the appropriate box(es)

- | | |
|---|--|
| <input type="checkbox"/> Abdominal \$500 | <input type="checkbox"/> Double Cavity \$615 |
| <input type="checkbox"/> Cardiac \$500 | <input type="checkbox"/> Recheck Ultrasound \$400 |

Unfortunately, the ultrasonography may reveal a mass or abnormal area and sampling may be an option. Due to time constraints, please check the Fine Needle Aspirate and Cytology box below if you would like to go through with sampling and analysis at the laboratory. Please be advised that sampling and analyzing does not always give us an exact answer, but often it will.

Additional Procedures: Please check the appropriate box

Fine Needle Aspirate and Cytology (~\$277)

****For Abdominal Ultrasounds Only****

- Accept
 Decline

Signed: _____ Date: _____
Owner/Agent

******* PLEASE NOTE *******
PAYMENT IN FULL IS DUE AT TIME OF PICKUP.

***IF OTHER ARRANGEMENTS ARE NECESSARY,
THEY MUST BE MADE PRIOR TO SERVICES BEING RENDERED.***

Simple interest at a rate of 15% will be added to all open balances not paid within 30 days.

**This veterinary facility does NOT provide supervision for animals
after normal business hours by a person physically on these premises.**