

# ***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.

**Was your pet given any oral sedatives this morning?** \_\_\_\_\_

**Ultrasound Procedure:** Please check the appropriate box(es)

- |   |  |
|---|--|
| <input type="checkbox"/> Abdominal <b>\$530</b> | <input type="checkbox"/> Double Cavity <b>\$640</b>      |
| <input type="checkbox"/> Cardiac <b>\$530</b>   | <input type="checkbox"/> Recheck Ultrasound <b>\$420</b> |

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 (**\$310**)

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

- Accept  
 Decline

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Owner/Agent**

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

***CASH OR CHECK PREFERRED***

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