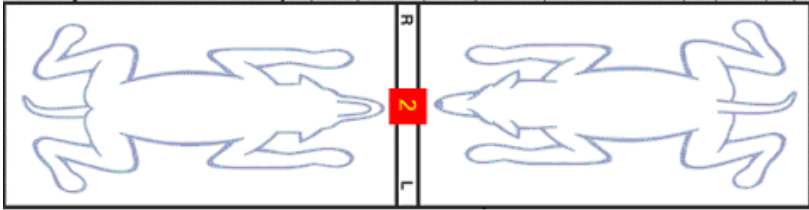


Your AVES specialist is recommending advanced diagnostic imaging (CT or MRI) to help better characterize your pet's medical condition. In an effort to provide the highest standard of care for your pet and to protect your pet from unnecessary risks, we request that you complete the following consent form. The information provided in this questionnaire will allow us to modify our imaging techniques based on your pet's previous medical history.

**Brief MRI/CT Questionnaire**

Does your pet have any surgical implants? If yes, please indicate below where they were placed with an **X**



To your knowledge, has your pet ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?

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To your knowledge, has your pet ever had an abdominal surgery (e.g., foreign body removal, splenectomy, etc.)?

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Is your pet Microchipped? **YES/NO**

**Consent for Magnetic Resonance Imaging (MRI) and/or Computed Topography (CT)**

I, the owner/agent for \_\_\_\_\_ (name of patient) understand that general anesthesia is required for this imaging procedure and I also understand that a contrast agent may be used in the animal listed during the course of the MRI or CT. I understand that risks and potential complications do exist with anesthesia, magnetic resonance imaging, computed topography and the use of contrast agents. These risks and potential complications include, but are not limited to: cutaneous burns, aspiration pneumonia, and / or an abnormal reaction to anesthetic or contrast agents causing anaphylaxis (potentially fatal allergic type reactions), organ failure (heart, liver, kidney), cardiac or respiratory arrest, and death. I further realize that complications may arise as a result of my animal's condition. All of these factors may lead to a decline in medical status and a decision may have to be made regarding my animal's resuscitation status.

**I have answered these questions to the best of my ability. Understanding the risks and potential complications as described above, I authorize and consent to AVES performing advanced diagnostic imaging on \_\_\_\_\_ (name of patient).**

I consent to the use of MRI, videos and photographs of my pet for educational purposes. \_\_\_\_\_ (initials)

\_\_\_\_\_  
Owner Name (Print)

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date