



# SMALL ANIMAL CT REQUEST CONSENT FORM

UTCVM\_VIS-CT\_Consent\_SA | UPDATED 06/29/16

## Consent for Anesthesia and Computed Tomography (CT) Procedures – Small Animals

I am the owner/agent for \_\_\_\_\_ (name of patient) and have authority to execute consent for the diagnostic procedure known as **Computed Tomography (CT)**. I understand that anesthesia or heavy sedation is required to perform CT. The reasons for this procedure, advantages and possible complications have been discussed with me.

With full understanding of the above, the undersigned owner/agent authorizes the veterinary anesthetist at the UTCVM Veterinary Imaging Services to administer any sedative or anesthetic deemed advisable for the CT procedure. Should further lifesaving procedures be deemed necessary by the attending veterinarian due to any unexpected life-threatening emergency, I consent to these procedures and their additional costs.

I understand that my veterinarian has determined that a CT procedure would be of assistance in treating my animal and has chosen the procedure to be performed by the University of Tennessee Veterinary Imaging Services.

### Advanced directives:

In the rare event of a cardiac arrest, the following response is authorized by me: \_\_\_\_\_ (initials)

- Do not resuscitate       External resuscitation       Invasive resuscitation

### I have read and understand this authorization and consent.

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
UTCVM VTH PTN (FOR OFFICE USE ONLY)

\_\_\_\_\_  
OWNER / AGENT NAME (PLEASE PRINT)

\_\_\_\_\_  
CONTACT NUMBER DURING APPOINTMENT

\_\_\_\_\_  
OWNER / AGENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE