COMPUTED TOMOGRAPHY & ANESTHESIA
In-Hospital Patient Authorization Form

The purpose of the CT Imaging Service at VSCD is to provide diagnostic quality scans, using high-quality anesthetic care, to help your veterinarian treat your pet. Please read the below carefully, and sign in the space provided:

I, ______________________________________________________ the undersigned, have the authority to provide ________________

consent and hereby give my permission for _______________________________________________ to receive a ________________

computed tomography (CT) scan and associated anesthesia, , as prescribed by my referring veterinarian or ________________.

Dr. ____________________________.

- I understand that general anesthesia is required to perform a CT scan.
- I understand that risks and potential complications exist with anesthesia and administration of contrast agents. Although rare, these include, but are not limited to: abnormal or allergic reaction to anesthetic or contrast agents; organ dysfunction; airway obstruction; regurgitation/vomiting resulting in stricture or aspiration pneumonia; and, death.
- I understand that CT scans expose a patient to x-rays.
- I understand that my pet will be discharged as soon as is deemed medically safe and a guaranteed discharge date and time cannot be determined.

The reasons for this procedure, its advantages and disadvantages, and possible alternative diagnostics have been discussed with me by my referring veterinarian.

The risks and potential complications of anesthesia and the CT scan procedure have been thoroughly discussed with me and I have had the opportunity to have any questions answered. With full understanding of the above, the undersigned owner/agent authorizes the Imaging Service at VSCD to administer anesthesia and perform a CT scan. Should lifesaving procedure be deemed necessary due to any unanticipated life-threatening emergency, I consent to these procedures and their additional costs.

I have read and understand the above information.

_________________________________________  ______________________
Signature of Owner/Client                      Date

_________________________________________  ______________________
Witness                                         Date

*Thank you for entrusting us with your pet’s care.*