

# Inland Empire Veterinary Imaging

## CT Registration Form

MO    Report    CO    CV

**Please complete the following information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone / Cell ph: \_\_\_\_\_  
Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Pet Information:**

Name: \_\_\_\_\_  
Circle one:   Canine                      Feline  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Neutered:    Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Age: \_\_\_\_\_

**Regular Veterinary Clinic:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

### **CT Authorization**

I hereby authorize Drs. Ramirez/Siems and assistants to perform diagnostic imaging services on my pet. General anesthesia will be necessary to complete the computed tomography examination. I understand there are potential risks with general anesthesia, including the possibility of death of my pet. Iodinated intravenous contrast media may also be used in the computed tomography examination. I understand there are potential risks with the use of iodinated contrast media including the possibility of death of pet. I also certify that no guarantee has been made as to the results that may be obtained. I consent to release all medical information. I hereby certify that I have read and understand the above authorization for treatment.

**PROFESSIONAL FEE POLICY:** A \$300 deposit is required prior to starting the CT. The remaining balance is to be paid at the time of discharge. Select method of payment:

Cash: \_\_\_\_\_      Check: \_\_\_\_\_      Credit Card: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

