



# INLAND EMPIRE VETERINARY IMAGING, P. S.

Diagnostic Imaging Excellence for Your Pet

Jeff Siems, MS, DVM, DACVR

MO       Report       CO       CV

### Please complete the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Ph/Cell Ph: \_\_\_\_\_

Email address: \_\_\_\_\_

\*For active military and registered veterans, please accept a 20% discount when you present your military ID. We thank you for your service.  
(Discount does not apply to CT Scan charge.)

### Pet Information:

Name: \_\_\_\_\_

Circle one:    Canine                  Feline

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered:    Yes: \_\_\_\_\_ No: \_\_\_\_\_

Age: \_\_\_\_\_

Regular Veterinary Clinic: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

### CT Authorization

I hereby authorize Dr. 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 \$500 deposit is required prior to starting the CT. The remaining balance is to be paid at the time of discharge.

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

Aspirate Approved _____	Biopsy Approved _____
CSF/Myelogram _____	Tap Approved _____