



INLAND EMPIRE VETERINARY IMAGING, P. S.

Diagnostic Imaging Excellence for Your Pet

Jeff Siems, MS, DVM, DACVR

For Office Use: Abdominal Cardiac Thoracic Urinary 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: _____

I hereby authorize Dr. Siems and assistants to perform diagnostic imaging services on my animal. If my animal is uncooperative in preparation for ultrasound examination or for the ultrasound examination itself, I then authorize Dr. Siems or his assistants to sedate my animal. Should general anesthesia be necessary, I understand there are potential risks, including the possibility of death of my animal. 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.

PROFESSIONAL FEE POLICY: Fees are to be paid at the time of service.

SIGNATURE: _____ DATE: _____

Aspirate Approved _____	Biopsy Approved _____	Tap Approved _____
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