



50 Three Tun Road, Malvern, PA 19355  
877 Dog Scan (877 364 7226) Fax: 484 568 4179  
[www.vetimagingpartners.com](http://www.vetimagingpartners.com)

### Owner Consent Form

Client Name: \_\_\_\_\_ Referring Veterinarian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: Male Female Spayed/Neutered: Yes No Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Last time your Pet ate or drank: \_\_\_\_\_

Current Medications: \_\_\_\_\_

I give Permission for my pet to undergo a magnetic resonance imaging (MRI) study. This procedure includes general anesthesia. I understand that the MRI and general anesthesia service will be performed with my pet's well being in mind. I understand that my pet may be very ill, and that there are risks involved with and during this procedure. Although great care will be taken, there is always the risk of injury or death to my pet while undergoing this procedure. There is also the possibility that my pet's illness and condition could worsen during or after the MRI study from situations unrelated to the MRI.

I understand and accept these risks. By granting approval for the MRI study along with general anesthesia, I am holding Vet Imaging Partners, Inc. and its staff harmless in the event my pet's health should worsen. I have considered how I want the staff to proceed in an emergency, and have chosen what level of Cardiopulmonary Resuscitation I want them to perform:

\_\_\_\_\_ I DO NOT want CPR performed on my pet. I understand that my pet will die in the event of cardiac and/or respiratory arrest. I understand that this constitutes a DNR (Do Not Resuscitate) order.

\_\_\_\_\_ I DO want CPR performed on my pet in case of cardiac or respiratory arrest. I understand that my pet may not respond to CPR and may die despite CPR. I understand that even if my pet does respond to CPR, he/she will be extremely unstable and will require treatment by critical care personnel, and that CPR by Vet Imaging Partners and care by an emergency service is costly and can significantly exceed any previous estimates.

Vet Imaging Partners, Inc. is a Delaware Corporation. There is no corporate alliance with Hope Veterinary Specialists. In the unlikely event my pet needs emergency care, I understand my pet may be admitted to the Emergency Service of Hope Veterinary Specialists for care and all associated charges are my responsibility. I also understand and accept these risks. By granting approval for Emergency Service care, if needed, I am holding Hope Veterinary Specialists and its staff harmless in the event my pet's health should worsen.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_