HONG KONG
VETERINARY
IMAGING CENTER

Case number:

<u>Owner Consent Form</u>

Appointment Date：_____   **Time**：_____

Owner Name：_____

Contact Number：_____   **HKID**：_____

Referring Clinic：_____

Referring Veterinarian：_____

Patient Name：_____   **Microchip No**. ：_____

Species：_____   **Breed**：_____

Age：_____   **Sex**：_____   **Neutered**：_____   **Weight**：_____

I give Permission for my pet to undergo an imaging study, magnetic resonance imaging (MRI) or computed tomography (CT). This study includes general anesthesia. I understand that the MRI or CT 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 study. There is also the possibility that my pet's illness and condition could worsen during or after the imaging procedure from situations unrelated to the imaging study.

I understand and accept these risks. By granting approval for the MRI or CT study along with general anesthesia, I am holding Hong Kong Veterinary Imaging Center (HKVIC) and its staff harmless in the event my pet's health should worsen.

In the unluckily event my pet is in need of emergency care, I understand my pet may be admitted to the closest available veterinary clinic for care. There is no corporate alliance between HKVIC and the clinic, therefore, 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 HKVIC and its staff harmless in the event my pet's health should worsen.

As in case, I would like to refer the case to _____ for emergency care is needed in HKVIC.

☐ I have been noticed that the general anesthesia will be done by veterinarian from referring clinic* / on-duty veterinarian in HKVIC *.

* Please delete as appropriate.

Owner Signature：_____   **Date**：_____

Veterinary Signature：_____   **Date**：_____