



**Regional Veterinary Referral Center
Outpatient CT Admission Form**

Date _____

Owner's Last Name _____

Pet's Name _____

Owner's First Name _____

Breed _____

Second authorized agent _____

Age _____ Color _____

Street Address _____

Male Neutered Female Spayed

City _____ State _____ Zipcode _____

Has this pet been seen in this hospital before? Y or N

Primary # _____

Type of scan:

Work# _____

Head/Nasal

Cell# _____

Thoracic/Abdomen

Email Address: _____

Other: _____

Referring Veterinarian

Name of Hospital _____

Name of Veterinarian _____ City _____

Phone number _____ Fax _____

Email _____

How would you like results sent?(please circle one) Fax Email Both

Three months of medical history and anything pertinent to the case is required for the CT scan. It is important to note the patient will be anesthetized for the CT scan. Critical patients must be stabilized before the CT scan can take place. Recent blood work including CBC, Chem, UA, and Lytes are required within 30 days of the CT scan. As soon as results are available they will be sent to referring veterinarian listed above.

*Once the form is complete please send to rvrc@erols.com or fax to 703-451-3343. Patient records can be attached at the same time of submission.



**Regional Veterinary Referral Center
Outpatient CT Procedure Consent Form**

I, _____, hereby give consent to Regional Veterinary Referral Center as the owner/agent of, _____, to the attending staff and attending veterinarian to perform CT (computed tomography) and administer anesthesia to the pet listed above. I, _____, have had all of my concerns addressed and understand the risks associated with the procedure.

I understand that risks and potential complications can be associated with CT (computed tomography) and anesthesia. I understand that general anesthesia is required for CT scans and understand a contrast agent may be used in my pet during the CT scan. I understand that further complications may arise as a result of result of my pet's condition.

In the event that complications do occur (please initial ONE):

___: I authorize the attending staff and attending veterinarian of Regional Veterinary Referral Center to perform necessary CPR treatments, including administration of emergency drugs, chest compressions and defibrillation.

___: I elect not to have the staff pursue any CPR procedures for my pet and, instead, request that the attending veterinarian administer a medication to help my pet pass away peacefully (euthanasia).

I understand that I am fully responsible for the cost of all services provided by Regional Veterinary Referral Center and its authorized agents.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT

Signature of Owner or Agent: _____

Name of Pet: _____

Date: _____

Emergency Number: _____