



SOUTH TEXAS VETERINARY MRI
CONSENT FORM

Owner's Name: _____

Address: _____

Pet's Name: _____

Species: _____

Breed: _____

Sex: _____

Age: _____

To my knowledge, my animal does not have any internal foreign or metallic objects. _____

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent.

I give permission for my pet to undergo a magnetic resonance imaging (MRI) study. This study 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 study. There is also the possibility that my pet's illness and condition could worsen during or after the MRI procedure 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 South Texas Veterinary MRI, LLC and its staff harmless in the event my pet's health should worsen.

Signed: _____

Date: _____

I certify that if I am signing as an agent, I have the authority to execute this consent

Name: _____

(Please Print)

Signed: _____

Signature of Authorized Agent

Date: _____