

## Neurology MRI/CT Consent Form

TO PROVIDE THE BEST CARE AND PROTECT YOUR PET FROM UNNECESSARY RISKS, WE REQUIRE COMPLETION OF THIS FORM.

### Magnetic Safety Screening

Metal/magnetic materials may interfere with advanced imaging techniques and the safety of your pet; please answer the following to the best of your knowledge:

Does your pet have any metallic surgical implants? (e.g. orthopedic implants, staples/clamps, other)  Yes  No

If yes, please describe: \_\_\_\_\_

Has your pet ever been injured by a metallic object? (e.g. BB pellet, bullet, shrapnel, etc.)  Yes  No

If yes, please describe: \_\_\_\_\_

Does your pet have a pacemaker or other cardiac implant?  Yes  No

Is your pet microchipped?  Yes  No

### Risks/Complications

- Anesthesia is required for MRI/CT procedures and injectable contrast agents may be used.
- Recovery time from anesthesia is variable, and my pet will be released from the hospital when it is safe and approved by the anesthesia team. This typically may take a few hours but may require longer time in the hospital in rare cases.
- There are risks associated with anesthesia, the use of contrast agents, and advanced imaging procedures; these complications are extremely rare. They may include, but are not limited to: equipment malfunction, skin burns, organ failure, cardiac or respiratory arrest, obstructed airway, regurgitation/aspiration, allergic reactions, and death.

## Risks/Complications Cont.

- All metallic items (e.g. collars, tags, and medical devices such as Freestyle Libre transdermal glucose monitors) must be removed prior to advanced imaging procedures.
- To allow proper anesthesia monitoring, certain hair must be trimmed (a patch on 1-2 legs and a larger patch on the left or underside of the chest). If a spinal tap is performed, an additional small patch will be shaved on the back of the neck or lower back.
- All of these factors are taken into consideration when making anesthetic plans and deciding to pursue advanced imaging procedures to minimize risk of complications.

## Use of Images

- Diagnostic images, videos, and photographs of my pet may be shared or used for educational purposes.

## Consent

By signing below as the owner/authorized agent for \_\_\_\_\_  
I acknowledge that: patient\_full\_name

- I have answered these questions to the best of my ability.
- I understand the risks and potential complications as described above and have/will read the separate Anesthesia Consent Form.
- I authorize my pet to undergo advanced diagnostic imaging (MRI/CT).

Signature \_\_\_\_\_

Date \_\_\_\_\_