Consent for Anesthesia and Magnetic Resonance Imaging (MRI) Procedures – Large Animals

I am the owner/agent for ________________________________ (name of patient) and have authority to execute consent for the diagnostic procedure known as Magnetic Resonance Imaging (MRI). I understand that anesthesia is required to perform MRI. The reasons for this procedure, advantages and possible complications have been discussed with me.

With full understanding of the above, the undersigned owner/agent authorizes the veterinary anesthetist at the UTCVM Veterinary Imaging Services to administer any sedative or anesthetic deemed advisable for the MRI procedure. Should further lifesaving procedures be deemed necessary by the attending veterinarian due to any unexpected life-threatening emergency, I consent to these procedures and their additional costs.

I understand that my veterinarian has determined that an MRI procedure would be of assistance in treating my animal and has chosen the procedure to be performed by the University of Tennessee Veterinary Imaging Services.

I have read and understand this authorization and consent.

__________________________________________
PATIENT NAME

__________________________________________
OWNER / AGENT NAME (PLEASE PRINT)

__________________________________________
OWNER / AGENT SIGNATURE

__________________________________________
WITNESS

__________________________________________
UTCVM VTH PTN (FOR OFFICE USE ONLY)

__________________________________________
CONTACT NUMBER DURING APPOINTMENT

__________________________________________
DATE

__________________________________________
DATE