



SMALL ANIMAL MRI REQUEST CONSENT FORM

UTCVM_VIS-MRI_Consent_SA | UPDATED 06/29/16

Consent for Anesthesia and Magnetic Resonance Imaging (MRI) Procedures – Small 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, possible complications and anesthetic risks 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 anesthetic deemed advisable for the MRI procedure. Should lifesaving procedures be deemed necessary by the attending veterinarian due to any unexpected life-threatening emergency, I consent to these procedures as I have chosen below and their additional costs.

I understand that risks and potential complications exist with anesthesia and the MRI procedure. These include, but are not limited to, abnormal reaction to anesthetic or contrast agents, organ failure (heart, liver, kidneys), obstructed airway, regurgitation, aspiration of vomitus, gastric dilatation-volvulus (GDV), nerve damage, equipment malfunction, skin burns, and death.

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.

Advanced directives:

In the rare event of a cardiac arrest, the following response is authorized by me: _____ (initials)
 Do not resuscitate External resuscitation Invasive resuscitation

I have read and understand this authorization and consent.

PATIENT NAME

UTCVM VTH PTN (FOR OFFICE USE ONLY)

OWNER / AGENT NAME (PLEASE PRINT)

CONTACT NUMBER DURING APPOINTMENT

OWNER / AGENT SIGNATURE

DATE

WITNESS

DATE