

Client Name: _____ Patient Name: _____
Client # : _____ Canine / Feline
Client Phone: _____ Breed: _____
Color: _____
Client Address: _____ Sex: _____
Age / DOB : _____
Weight: _____ lb or kg



Date: November 1, 2022 Time: 11/1/2022 10:26

Ultrasound Request Form

Stephanie Kottler, DVM, MS, Diplomate ACVIM
Small Animal Internal Medicine

Please instruct owners to withhold food for 12 hours prior to the examination unless medically contraindicated. Access to water should not be restricted.

If possible, please obtain consent for sedation and fine needle aspirates (if needed) in advance.

Clinic Name: _____

Requesting Veterinarian: _____

Date of Ultrasound Exam : _____

Region: Abdomen Thorax (non-cardiac) Cervical (sedation required) Other _____

Aspirates: Yes | No *if Yes, please have client sign a consent form authorizing aspirates and sedation, if required* _____

Cystocentesis: Yes | No **Abdominocentesis:** Yes | No **Other:** _____

Reason for Ultrasound (brief history and physical exam /diagnostic findings):