CASSELLS ANIMAL HOSPITAL
1070 Cassells Street
North Bay, ON, P1B 4A9
(705) 476-0107

ULTRASOUND REQUEST FORM

Referring Hospital Information:

Referring Doctor: _____

Clinic Name: _____

Clinic Telephone: _____

Email Address (where results are to be sent):

_____

Client/Patient Information

Client Full Name: _____ Phone #: _____

Patient Name: _____ Species: _____

Breed: _____

Age: _____ Sex: M/F/MN/FS Weight: _____

Important Patient Details

To ensure proper patient care during the ultrasound examination, please identify any known medical conditions:

___ Heart murmur
___ Chronic renal disease
___ Seizures
___ Previous adverse drug reaction: _____

Patient History and Clinical Signs:

_____
_____
_____
_____
_____
_____

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Ultrasound study requested

___ Full abdomen
___ Urinary system (bladder, kidneys, cystocentesis)
___ Single organ: _____
___ AFAST/TFAST and fluid collection

What questions would like answered:

_____

_____

_____

Instructions for owner:

- Please ask that the patient be fasted for 12 hours
- Encourage pet to have a bowel movement prior to admission
- Prepare for a minimum of 6 hour hospitalization
- Due to sampling handling procedures no urinary cases are to be performed on Fridays.