



Hallmarq Equine Standing MRI Client Consent Form

Patient's Registered Name: _____ Date of Appointment: _____

Barn Name: _____ Breed: _____ Color: _____

Gender: Mare/Filly Gelding Stallion/Colt Age: _____

Athletic discipline/use: _____

Owner's Name: _____ Owner's Phone #: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

Owner's Email: _____

Main Contact (if different from Owner): _____

Main Contact Phone #: _____ Main Contact Email: _____

Referring Veterinarian: _____ Phone #: _____

I, being responsible for the above-described horse, have the authority to grant you my consent to perform a standing MRI on the above-described horse.

Please check the box of each below. By checking each box below, you are consenting to the associated charges and giving PEH permission to perform said treatment:

Patients will require prolonged light sedation (included in the price of the scan).

All shoes will need to be pulled, which can be done at Park Equine Hospital for an additional fee.

Radiographs will be taken of each foot, for an additional fee of \$40 per view, to verify that no nails are still present in the hoof, prior to performing the MRI scan. If in the event any nail remnants are present, I acknowledge that I will be charged for the removal of them (price will vary depending on level of difficulty).

I understand that if a lameness examination has not been performed to isolate a specific region of interest to be scanned, additional time and fees may apply.

I understand that the report and images from the above-mentioned patient's MRI scan, will be discussed with myself, being the owner **and** the referring veterinarian listed above.

Signature of Owner

Date