



201 Brownlow Ave #32  
 Dartmouth NS B3B 1W2  
 (902)468-0674,  
 maec97@gmail.com

**Ultrasound Referral**

**Appt Date/Time** \_\_\_\_\_

Copy 1 – email to [MAEC97@gmail.com](mailto:MAEC97@gmail.com) Copy 2 - Client

***COVID precautions are in effect. Owner will not be able to enter the clinic. Call 902-468-0674 when you arrive.***

Ultrasounds will be performed at Metro Animal Emergency Clinic (MAEC) at 201 Brownlow Ave #32, Dartmouth, NS

All images will be sent for interpretation by a Board-Certified Radiologist.

All patients must be fasted for minimum 8 hours prior to the procedure. Ultrasound cannot be performed otherwise.

Please arrive 30 mins prior to your appointment time for check in.

All patients will be sedated for the procedure unless they are critically ill, or moribund. (sedation fee is separate and will depend on size of pet).

An estimate will be given and fees for ultrasound will be paid to MAEC at the time of your appointment.

The procedure takes approximately 3 hrs. Recovery times vary and we will communicate to you when your pet is recovered.

\*\*Results will be attached to our files then emailed to your regular veterinarian when they arrive. Your regular veterinarian will communicate results to you. \*\*

**Please have this form with you when you arrive at MAEC**

**Referring** DVM \_\_\_\_\_ Clinic \_\_\_\_\_  
 (PRINT) Clinic Email \_\_\_\_\_

**Client** Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Patient** Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ DOB \_\_\_\_\_  
 Sex  M  F Neutered/spayed  Y  N Weight \_\_\_\_\_  lb  kg

**History**

Tentative Diagnosis:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Required Documentation:**

- Any recent bloodwork or diagnostic testing
- Most recent SOAP
- Other relevant medical history

**Service requested**     Standard 3-5 days     Priority (24 hrs)     Stat (2 hrs)

Comments:

Referring DVM (sign) \_\_\_\_\_