

# Camberwell Veterinary Clinic

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Camberwell

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PETstock Vet Pty Ltd in association with



VETCT  
CONSULTANTS IN TELEMEDICINE

## CT Imaging Request.

Practice name	
Referring vet	
Telephone	
Email address	

### Patient details

Owner name		Species	
Patient name		Breed	
		Sex	Age
Summary of history to inform radiologists.			
Questions to be answered			

### CT Imaging Request

	CT Imaging Request											
Body areas	Head	<input type="radio"/>	Neck	<input type="radio"/>	Thorax	<input type="radio"/>	Abdomen/pelvis	<input type="radio"/>	Stifles	<input type="radio"/>	Hocks	<input type="radio"/>
	Spine C1-T2	<input type="radio"/>	Spine T3-sacrum	<input type="radio"/>	Shoulders	<input type="radio"/>	Elbows	<input type="radio"/>	Carpus	<input type="radio"/>		<input type="radio"/>

### Imaging/anaesthetic safety questionnaire

Does the patient have any of the following? If so, please provide details			
Any behavioural issue? Is pre-visit medication needed?	Y	N	
Renal/cardiac/endocrine disease?	Y	N	
Known adverse reactions to medications	Y	N	
Surgery within the previous two months	Y	N	
Blood screen within past 6 months	Y	N	
Patient History emailed	Y	N	

***If bloods (CBC and biochem) have not been done within the past 6 months, this will be performed at an additional cost to the client at the time of admission.***

*By submitting this form you confirm that you are a registered veterinary surgeon who has obtained consent from the patient's owner to act on behalf of the animal described above; that the owner has given permission for the administration of an anaesthetic and contrast agent to the above animal at the imaging location together with any other procedures that may prove necessary; and that the owner understands that in the unlikely event of an emergency or where additional pain relief or sedation may be required, the Camberwell Veterinary Clinic will act in the best interests of the patient; that the owner has agreed that they have understood that medicines may be used which are not licensed for use in dogs and cats; and that in the event that you cannot be contacted on the above number, you understand that the Camberwell Veterinary Clinic will act in the best interests of the patient.*

Signed.....

Veterinarian Name and Registration number.....

Date....