



## Consent for Radioiodine Therapy

Owner's Name: \_\_\_\_\_ Cat's Name: \_\_\_\_\_

I authorize Veterinary Imaging Center of San Diego to treat my cat \_\_\_\_\_ with radioiodine for the treatment of feline hyperthyroidism.

I understand that, without exception, my cat must be hospitalized for a period of no less than five (5) days. I understand that my cat will be monitored daily and may be released to me only after having reached permissible levels of low level radioactivity as set by California State Law and Federal Law. I further understand that in the unlikely event that my cat should die during the treatment course that they must remain in the hospital for no less than 90 days before being returned to me or being cremated.

I have discussed with the doctor and staff and understand the criteria for admission, treatment, and discharge of my cat from the hospital as well as the safety precautions I must observe following treatment. I understand the risks and benefits of Radioiodine therapy and the patient isolation that is necessary and I consent to the use of this method of treatment for my cat.

I understand that a report will be sent to my primary veterinarian and that I will need to arrange an appointment with my primary veterinarian for 1 month, 3 months and 12 months following discharge for post treatment blood work.

I also understand that I will receive a daily telephone report or E-mail from the staff of Veterinary Imaging Center of San Diego on the condition of my cat.

I have read, understand, and agree to the above release for therapy.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_