

I-131 Therapy Client Information Form

			Date:		
Owner Name:		Spouse/Partner:			
Address:		Home Phone:			
		Work Phone:			
-		Cell Phone:			
Email Address:		<u> </u>			
Patient Information					
Pet's Name:	Age:	Sex:	Spayed/Neutered:	Yes	No
Breed:		Color:			
Primary Veterinarian Name:					
Primary Veterinarian Hospital:					
Please describe your cat's current appetite: □ Exc	ellent 🗆 Good	l □ Fair □ Poor			
Feeding Instructions:					
Please write questions or concerns regarding your ca	at's treatment:				

Please tell us about your cat (For example, "My cat likes his chin scratched."):



Declination of Tapazole Trial

l,, u	nderstand that it is standard procedure for
Veterinary Imaging Center of San Diego (VICSD) to request tha	t my cat,,
undergo a Tapazole (Methimazole) trial as part of the screening	g process for I-131 Therapy. I understand
that this trial provides the doctors with vital information that v	will help them determine if my cat may
have a predisposition to kidney problems post I-131 treatment	t, if my cat is a good candidate for I-131
treatment, and/or if I should pursue other treatment options.	
My cat either cannot tolerate Tapazole or I have chosen not to	follow the above mentioned
recommendations and I choose to proceed with I-131 Therapy	for my cat. I fully understand and accept
any complications that may arise post treatment and do not he	old Veterinary Imaging Center of San Diego
(VICSD) responsible for these unforeseen problems.	
Signature of Owner/Agent	Date



Printed Name

Consent for I-131 Therapy		
Owner's Name:	Pet's Name:	
I authorize the Veterinary Imaging Center of San Diego : ultrasound, thyroid scan, and I-131	to perform the following procedures on my cat, 1 radioiodine treatment for feline hyperthyroidism.	
I understand that, without exception, my cat must be hospitalized for cat will be monitored daily and may be released to me only after hav set by California State Law and Federal Law. I further understand that the treatment course, they must remain in the hospital for no less that	ring reached permissible levels of low-level radioactivity as , in the unlikely event that my cat should pass away during	
I have discussed with the doctor and staff and understand the criteris the hospital as well as the safety precautions I must observe following Therapy and the patient isolation that is necessary, and I consent to the	ng treatment. I understand the risks and benefits of I-131	
I understand that a report will be sent to my primary veterinarian primary veterinarian for 1 month, 3 months, and 12 months following	= ::	
I also understand that I will receive a daily telephone report or ema Diego on the condition of my cat.	ail from the staff of the Veterinary Imaging Center of San	
I certify that I understand why this procedure has been recommended any alternative modes of treatment explained to me by the attending no guarantee of assurances have been made as to the results that man	veterinarian and/or veterinary assistant. I also certify that	
A deposit of one half of the estimated balance of \$1,100 is due upon of the balance for the I-131 Therapy is due at discharge.	admission to the hospital. I understand that the remainder	
I have read, understand, and agree to the above release for I-131 Ther	гару.	
	er .	
Signature	Date	



Today's Schedule

The following is a list of all of the procedures that will be performed at our hospital.

- Health Exam
- Cardiac Ultrasound: It is important for us to make sure the heart is healthy prior to treatment.
- Abdominal Ultrasound (Optional): Please let us know if your cat has had any GI upset or weight loss in recent months.
- Thyroid Scan: We evaluate the thyroid gland function in order to determine our treatment dosage. In fact, this scan is the reason that our treatment success rate is among the best in the country.
- I-131 Treatment: While we anticipate proceeding with treatment, sometimes issues arise during our pre-treatment assessment. If this is the case, we will contact you, so please make sure you're available at the phone number(s) given to us.

Post-Therapy Release Instructions

We thank you for entrusting the care of your cat to us for I-131 Therapy. We now must ask for your cooperation and compliance with the laws of the State of California in order to allow continued availability of this type of treatment.

Your cat was treated with radioactive iodine on ______ for feline hyperthyroidism, and he or she still possesses a low level of radioactivity. Because some radioactivity will be present for the next two weeks, it is imperative that you agree to and observe the following safety precautions until the date of _____ two weeks post release date _____.

- Please keep your cat indoors in order to reduce risk to local wildlife, your neighbors, and your neighbors' children and/or pets, as they are unaware of your cat's radioactivity.
- Anyone under the age of 18 or pregnant women should not change the litter box or come within an 8 foot distance of your cat.
- For your safety, we recommend that you keep an 8 foot distance from your cat at all times except for 30 minutes a day (30 minutes per person, which can be distributed throughout the day). Please do not allow your cat to sleep with you at night. It is best to keep him or her in an unoccupied room.
- Avoid face-to-face contact and any contact with your cat's saliva. If you need to give your cat
 oral medication, please wear the protective gloves we have provided to you. We strongly advise that you wash your
 hands after any contact with his or her saliva.
- Cleaning the litter box: Because a small amount of radioactivity is excreted in your cat's urine and feces, please wear protective gloves while cleaning the litter box. (Do not use them for other tasks.) Please clean your cat's litter box

daily. We recommend you line the litter box with a plastic liner. If you use flushable litter, flush the toilet twice after depositing the litter into the toilet. If you do not use flushable litter, remove the soiled litter, place it in a plastic bag and then dispose of it in the regular trash outside. If your cat should vomit or soil outside the litter box, perform normal cleaning procedures, wearing your protective gloves. Place all soiled cleaning materials into a plastic bag and then into your regular trash receptacle outside. Wash your hands when you are finished with these tasks.

- Please keep your cat from walking on kitchen counters. For food preparation, use a cutting board that can be washed and put away when not in use.
- Should your cat require veterinary care during this two-week period, please provide your veterinarian with a copy of these instructions and notify our doctors as soon as possible.
- Understand that in the unlikely event that your cat should pass away at home within two weeks following treatment you will need to bring him or her back to our clinic to be held for no less than 90 days before being returned to you or being cremated.
- Please remember to bring your cat to your regular veterinarian approximately one month following discharge from our hospital to have necessary post-treatment blood work performed.

I have read, understand, and agree to comply with the above radiation safety instructions.			
Signature of Owner/Agent	Date		



Nuclear Medicine Consent Form

I have discussed with the doctor and staff the criteria for a nuclear medicine procedure.

I understand that although my pet will most likely be released the same day as their procedure, there is a possibility they may require overnight hospitalization. I understand that my pet cannot be released to me immediately after their procedure because of the radioactivity decay guidelines required by the State of California. I understand that veterinary staffing overnight is provided at the discretion of the veterinarian on duty.

If I neglect to pick up my pet within fourteen (14) days of written notice that it is ready for release, the animal shall be deemed abandoned. Abandonment, however, does not release me from my obligation for payment of fees.

I understand that in the unlikely event that my pet should die at home after their procedure that I am to return them to Veterinary Imaging Center of San Diego to be held until their level of radioactivity is at an appropriate level.

A deposit of one-half of the estimated balance of \$______ is due upon admission into the hospital. I understand that the remainder of the balance for the nuclear medicine scan is due at discharge.

I have read, understand, and agree to the above release for a diagnostic nuclear medicine procedure.

I authorize Veterinary Imaging Center of San Diego, to perform a diagnostic nuclear medicine procedure on my pet, _______.

Signature of Owner/Agent Date



I-131 Therapy Reminders



Webcams are available online Monday in the late afternoon and Tuesday through Friday from 8:00 a.m. - 5:00 p.m. At cleaning times, the cameras will be turned off temporarily. The webcams will not be turned on during the weekend.



During hospitalization, our staff will be in the radioiodine ward twice daily to take care of your pet. Due to restrictions on radiation exposure, our staff is not allowed to enter the radioiodine ward at any other time unless it is an emergency situation. Therefore, if you are online and notice that your cat has spilled their water/food or messed in their litter box, please be patient. We will tend to them as soon as possible.



We understand that your cat is a member of your family, and we want them to be as comfortable as possible during their stay with us. We encourage you to bring a small towel or t-shirt and a small toy with you for your cat to lie on. Unfortunately, we are unable to place beds, blankets, or large toys in the cages. Due to state regulations and to ensure the safety of your family, items that are placed in the cage cannot be returned after treatment.



Your cat's treatment does not end when they leave our clinic. **Follow-up appointments** with his or her regular veterinarian at 1, 3, 6 and 12 months post treatment are critical to treatment success. You will receive postcard reminders in the mail from us around each of these time points. At these follow-up visits, your veterinarian will check your cat's thyroid level and kidney function. Your cat's thyroid levels will vary (high, low, or normal) at each visit and it will take some time for the thyroid levels to normalize. Do not be alarmed if the levels are high or low during the initial recheck evaluations.



The vast majority of cats do not show any **side effects** from I-131 therapy. However, difficulty swallowing is the one reported side effect. This may occur in cats with very large thyroid adenomas (benign tumors). Please do not be overly alarmed if your cat has difficulty swallowing after treatment; this is only a transient side effect. You should not see any vomiting, diarrhea, coughing, sneezing, weight loss, hair loss, attitude changes or decreased appetite as side effects of I-131 therapy. If you notice any of these behaviors after your cat returns home, please contact your veterinarian.



I-131 therapy has a **98% success rate** at our hospital. Therefore, a small percentage of cats may require a second treatment. If this happens with your cat, we will treat him or her again at a reduced rate.