



Southern Equine Service

1258 Banks Mill Rd., Aiken, SC 29803

(803)644-1544 Phone

(803)644-1599 Fax



MRI Patient Information/MRI Consent-Contract

Please fill out and return back prior to date of your MRI

Date of MRI: _____ Owner's Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home phone: _____ Cell phone: _____

Horse's Name: _____ Breed _____ Age: _____ Sex: _____

Referring Veterinarian: _____ Phone: _____

Credit Card Information:

Name on Card: _____

VISA MC DISC _____ Exp ____/____ Security Code _____

It is a Southern Equine Service policy to have credit card information prior to the MRI examination date. Your credit card will be charged a deposit of \$1000.00 prior to the exam. If you prefer to pay by check, you can mail it to the above address prior to the MRI. By signing this form below, you authorize Southern Equine Service to perform the MRI examination on the above date. Total estimated charges for MRI are \$2250.00. Additional sites are \$450.00 per site.

I have read and understand the above policy.

Printed Name: _____ Signature: _____

Patient Preparation for the MRI Procedure:

- Horse shoes must be removed prior to the MRI. You may have your farrier remove the shoes prior to the arrival or we are happy to remove them for you.
- Horses should arrive at Southern Equine between 3:00 and 5:00 pm, the day prior to the scheduled MRI date.
- The horse's feet will be thoroughly cleaned with soap and water and radiographs will be taken to screen for any metal left in the foot.
- Blood will be pulled for a pre anesthetic screening.
- Horses will be discharged the morning after the scheduled MRI date. Please call the office prior to picking up your horse to ensure the patient has been released for discharge.



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Veterinary Consent/Hospital Admission Form

Admission/Appt Date _____

Horse/Name _____ Procedures: MRI Under General Anesthesia

Area for MRI Left Right

I, _____ am the owner or agent for the owner of the animal described above and has the authority to execute this consent.

I hereby consent and authorize the veterinarians and staff of Southern Equine Service to perform the above procedure(s) _____

I have been advised regarding the nature of the procedure(s) and the risks involved, and I understand that results cannot be guaranteed. I understand that the support staff of Southern Equine Service will be employed as deemed necessary by the veterinarian to assist in the treatment of the above-named animal. I hereby release the veterinarians and staff of Southern Equine Service from any and all liability associated with performance of the procedure(s). _____

I understand that unforeseen conditions may be revealed during the performance of the procedure(s) and that extended or different procedures may be necessary in addition to the procedure(s) named above. Therefore, I hereby consent to and authorize the performance of such procedure(s) that may be deemed necessary by the veterinarians of Southern Equine Service in the exercise of their professional judgment. I release the veterinarians and staff of Southern Equine Service from any and all liability associated with performance of any additional procedure(s) that may be required. _____

I also authorize the use of appropriate anesthetics and other medications. I understand that there are risks associated with the use of any drug, and I release the veterinarians and staff of Southern Equine Service from any and all liability associated with use of anesthetics or other medications. _____

I have read and understand this authorization and consent. _____

Date

Signature of Owner/Agent



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Veterinary Consent/Hospital Admission Form

Admission/Appt Date _____

Owner/Agent _____ Phone _____

Address _____

Horse/Name _____ Reason for Admission _____

Breed _____ Color _____ Sex _____ Age _____

Grain/Supplements (type, amount, frequency, etc) _____

Hay _____ Items (blankets, hay bags, etc) _____

Relevant Medical History (stall rest, colic, etc) _____

_____ I am the owner or agent for the owner of the animal described above and has the authority to execute this consent.

_____ I hereby consent and authorize the veterinarians and staff of Southern Equine Service to perform the above procedure(s)

_____ I have been advised regarding the nature of the procedure(s) and the risks involved, and I understand that results cannot be guaranteed. I understand that the support staff of Southern Equine Service will be employed as deemed necessary by the veterinarian to assist in the treatment of the above-named animal. I hereby release the veterinarians and staff of Southern Equine Service from any and all liability associated with performance of the procedure(s).

_____ I understand that unforeseen conditions may be revealed during the performance of the procedure(s) and that extended or different procedures may be necessary in addition to the procedure(s) named above. Therefore, I hereby consent to and authorize the performance of such procedure(s) that may be deemed necessary by the veterinarians of Southern Equine Service in the exercise of their professional judgment. I release the veterinarians and staff of Southern Equine Service from any and all liability associated with performance of any additional procedure(s) that may be required.

_____ I also authorize the use of appropriate anesthetics and other medications. I understand that there are risks associated with the use of any drug, and I release the veterinarians and staff of Southern Equine Service from any and all liability associated with use of anesthetics or other medications.

_____ I understand that any estimates provided to me may not be exact and that other expenses may be incurred in the course of treatment. I agree to be responsible for payment of any and all charges associated with treatment of the above-named animal.

_____ I have read and understand this authorization and consent.

_____ I understand that a deposit may be required upon admission. Payment in full is required at the time of release/service unless prior arrangements are made and agreed to in writing.

Method of Payment Visa _____ MasterCard _____ Check _____ Cash _____

_____ Date

_____ Signature of Owner/Agent

Attending Doctor _____



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EQUINE MRI

DOES MY HORSE NEED AN MRI?

MRI is used once a traditional lameness work up has been performed and the methods used such as radiographs and ultrasound has failed to provide an explanation for the lameness. Once the general location of the injury is known then MRI can focus on that region to provide answers.

WHAT IS MRI AND HOW DOES IT WORK?

MRI utilizes a strong magnetic field (30,000 times as strong as the Earth's magnetic field) to orient the atoms of the body. By changing this field temporarily, these atoms react and emit radio waves which are detected and interpreted by a computer to create the image. **No** radiation is used and there are no known side-effects to the use of MRI at this field strength in the horse.

MRI AT SOUTHERN EQUINE SERVICE

The MRI is performed under general anesthesia which allows for proper positioning and minimizes movement during the exam. A typical MRI of the extremities will take about 1 hour under general anesthesia. The patient is admitted to the clinic the day prior to the MRI and discharged the day following the MRI due to the general anesthetic. The MRI is read by an independent radiologist and results should be available within 3-5 business days.

WHAT IS THE COST OF MRI?

One should estimate **\$2,750** total. This is an estimate for one region such as the foot, the head, a suspensory region, etc. This estimate covers pre and post MRI expenses such as hospital stay, pre anesthesia blood screening, and pre radiographs. It also covers the cost of the MRI itself, anesthesia during procedure, and the radiologist's MRI interpretation.

WHAT ELSE SHOULD I KNOW?

Horse shoes will be removed and radiographs will be taken prior to the MRI. This step is necessary because metal can affect the results of the MRI exam. **Safety** - Again this is a safe procedure for your horse that requires no radiation.