

Case No _____

Veterinary Neurological Center Pre-MRI Questionnaire

Today's Date _____

Patient _____ Owner _____

Breed _____

Age _____

Sex _____ Circle one: (neutered / spayed)

Please circle any of the following items that your pet may have:

Identification Microchip

Metal Dental Work (e.g. crowns)

Pacemaker

Orthopedic Implants (e.g. pins, plates)

Birdshot

Stainless Steel Sutures

Surgical Staples

Other:

To my knowledge, my pet has no metal implants other than those noted above:

Signature (Owner/Agent)

Date