



**Pre-MR Screening Form**  
(for all patients)

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Pet: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Avid Chip (identification microchip inserted under the skin)

Metal Dental Work, e.g., crowns

Pacemaker

Orthopedic Implants

Birdshot

Stainless Steel Sutures

Surgical Staples

Other (please list any other known metal that may be inserted in your pet's body): \_\_\_\_\_

\_\_\_\_\_  
To my knowledge, my pet has no implants or metallic devices in his/her body. \_\_\_\_\_  
Initial

\_\_\_\_\_  
Signature (Owner/Agent)

\_\_\_\_\_  
Date