

**Virginia Equine Imaging
Nuclear Scintigraphy Information Sheet – Please fill out, sign, and
fax back to: (540) 687-4665**

Date of Nuclear Scintigraphy Exam: _____

Owner Name: _____ Horse Name: _____

Address: _____ Breed: _____

Address: _____ Age: _____

Phone# _____ Sex: _____

Phone# _____ Color: _____

Credit Card Name/ Number/ Expiration Date:

Were you referred by another veterinarian? YES or NO

If yes, please provide veterinarian information: _____

Would you like this information shared with the referring veterinarian? YES or NO

Note: It is a VEI policy to have credit card information prior to Nuclear Scintigraphy examination date. Your credit card will be debited at the end of the day that the horse was discharged, unless you prefer to pay by check in person at the time of the exam. By signing this information form, you authorize such a credit card debit (unless paid by check at the time payment is due).

Signature of Owner