

Audiology Clinic

650 Memorial Dr. Bldg 68, Pocatello, ID 83209

Phone: 208.282.3495 / Fax: 208.282.4571



Idaho State
University

Date: _____

Re: (Owner's name and Pet's Name) _____ Phone _____

Dear Referring Veterinarian:

Your client has requested that his/her dog receive a hearing screening / comprehensive hearing assessment. The results of the tests performed will provide a threshold estimation of their hearing. If a hearing loss is present, the test will, in most cases, delineate the nature of the hearing loss. Depending upon the request, the dog will receive either a hearing screening or a comprehensive hearing assessment. The dog may be required to be sedated for this procedure at your discretion.

Attached is a history form which is required prior to booking the appointment. Your completion of this form will provide us with important facts about the present health of this dog that will assist us in assessing the dog's hearing health. **If required, you, as referring veterinarian will provide the sedation, either administered by you or by the owner under your direction prior to arrival at the ISU clinic.** The dog will then simply lie on a small table or the floor in either the sternal or lateral recumbent position and rest during the procedures.

The owner/dog's participation is voluntary and the owner may opt to withdraw this dog from the test at any time. The owner has also been informed that he/she remains responsible for the dog's health and behavior and that ISU will not be responsible for injuries to the dog or injuries or property damage caused by the dog.

The test requires the dog to stay relatively still so consult with your client regarding the necessity for sedation (a mild oral sedative). Sedation is not required nor desired for puppies.

This form must be completed and signed by the referring veterinarian prior to testing.

Referring veterinarian statement of authorization:

By signing this page I am acknowledging that this dog is a safe candidate for BAER testing.

Signature: _____ Date: _____

Printed Name: _____

Veterinary Clinic Name: _____

Address: _____

Phone: _____ FAX: _____

Referring Veterinarian History Page for BAER Testing

Date:

Owner Name: _____ Phone _____

Pet Name: _____

Pet History:

Age: _____ MALE / FEMALE SPAYED / NEUTERED

Weight: _____ Color: _____ Breed: _____

Vaccinations: *Please check all that have been given and date*

___ Rabies Date: _____

___ Distemper Date: _____

___ Parvovirus Date: _____

___ Adenovirus Date: _____

___ Bordetellosis Date: _____

Parasite Control

___ Deworming Date: _____

Otoscopic exam to verify free from debris, foreign object, or active infection

Date of Exam

Initials

Critical health history items, medications, allergies, or treatments:

How will this pet be sedated for the hearing evaluation? (*With what agent, amount, and when*)
