Audiology Clinic

650 Memorial Dr., Bldg. 68, Pocatello, ID 83209

Phone: 208.282.3495 / Fax: 208.282.4571



Dear Pet Owner:

Your dog has been referred to receive a hearing test. The results of the tests performed will indicate whether or not a response is present. Your dog will receive an Auditory Brainstem Response (ABR). Note the ABR is sometimes referred to in the literature as a Brainstem Auditory Evoked Response (BAER) or Auditory Evoked Potential (AEP) test. The report of auditory health will be provided to you and your referring veterinarian. We will be using very tiny subdermal needles placed in three (3) different locations on the dog. Foam ear inserts will be inserted into the ear canal being tested. This protocol may take up to 15 minutes per dog after which your dog can go home.

You have received a form for your veterinarian who is not employed by Idaho State University. You have received a form for your veterinarian to fill out telling us important facts about the present health of your dog. This is important information that can help us in assessing your dog's hearing. Your dog will simply lie on a small table or for large dogs on the floor, or gently restrained and rest during the procedure. The test requires the dog to stay relatively still so consult with your veterinarian regarding the necessity for sedation (a mild oral sedative). Both you and your referring veterinarian will receive a report on the state of your dog's auditory health and any recommended follow-up appointments. At ISU Audiology all hearing screenings/ threshold estimations are always analyzed and confirmed by two (2) audiologists.

You understand that your dog's participation is voluntary and that you may withdraw your dog from the test at any time. You also understand that you remain responsible for you dog's health and behavior and that ISU will not be responsible for injuries to your dog or injuries

The veterinarian form must be completed and signed by your veterinarian prior to testing

DOG OWNER Signed:	WITNESS (ISU AUDIOLOGY PERSONNEL) Signed:
Name:	Name:
Date:	Date:
Owner Phone	