



ANIMAL CLINIC EAST
 1640 E Isaacs Avenue • Walla Walla, WA 99362
 Phone (509) 522-0763 • Fax (509) 522-8243

Susan M. Fazzari, D.V.M.
 John C. Ladderud, D.V.M.
 Angelica Dimock, D.V.M.
 Brian P. Williams, D.V.M.
 Brooke A. Cox, D.V.M.

**ADMISSION AND CONSENT FORM
 FOR SURGERY AND DENTISTRY**

Owner Name: _____ Pet Name _____ Date: _____

Email address: _____

Procedures to be performed: _____

1. To your knowledge, are your pet's vaccinations current?..... Yes No
2. Is your pet treated for fleas? (type and last date given) _____
3. Is your pet on any other medication? What type & how often? _____
4. What time did your pet receive medication today? _____
5. Did your pet eat today?..... Yes No
6. Have you noticed any vomiting, diarrhea, and/or coughing during the past 7 days?..... Yes No
7. Does your pet have a history of allergic reactions or difficulty following anesthesia?..... Yes No
8. Would you like your pet **microchipped** today for \$35.00? Yes No
9. For our surgery patients **under 8 years old**: Pre-anesthetic blood work is not required, but we recommend it to identify "at risk" patients. Would you like a pre-anesthetic screen performed for an additional \$79.00? Yes No
10. For our surgery patients **8 years and older**: The risks of anesthesia increase with age. To identify "at risk" patients we strongly recommend pre-anesthetic blood work. We do not recommend surgery without this pre-anesthetic screening, but if you wish to decline, you may do so by indicating you are aware of the risks Yes, I want the blood work No, I decline this blood work and am aware of the risks
11. Are there any questions or concerns you have for the veterinarian? _____

NOTE: We are committed to the practice of high quality medicine, therefore your pet may be prescribed and charged for additional pain relief medications upon discharge.

Statement of Medical and Financial Responsibility:

I hereby give my consent and accept financial responsibility for the above listed procedure(s) to be performed. Even though animals are given a pre-procedure exam, I understand that there are risks involved in the administration of general anesthesia and in performing all surgeries, therefore I give permission for the performance of any additional treatments necessary for the welfare of my pet.

I understand that payment is due in full upon the animal's discharge.

_____ Daytime Phone Number(s)

_____ Signature