ANIMAL CLINIC EAST
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ADMISSION AND CONSENT FORM
FOR SURGERY AND DENTISTRY

Owner Name: _____Pet Name_____ Date: _____

Email Address: _____ Email Reminders: Y / N (circle one)

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 $39.00? ..... ☐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 $87.00? ..... ☐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 pets 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 my pet's discharge.
My method of payment will be:

□ Check □ Debit or Credit Card □ Cash □ Care Credit Account

_____ _____
Daytime Phone Number(s) Signature