ANIMAL CLINIC EAST

1640 E Isaacs Avenue ♦ Walla Walla ♦ WA ♦ 99362

ADMISSION & CONSENT FORM FOR DENTISTRY

Owner Name: _____ **Patient Name:** _____

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

Today's Date: _____

Daytime Name/Phone Number: _____

Procedure(s) to be performed today: _____

Medication(s): _____

Known adverse reactions to any medications: _____

1. Did your pet eat today?..... ☐Yes ☐No
2. Have you noticed any vomiting, diarrhea, and/or coughing during the past 7 days?..... ☐Yes ☐No
3. Does your pet have a history of allergic reactions or difficulty following anesthesia?..... ☐Yes ☐No
4. Is your pet on any additional medication? a) What type? b) How often? _____
5. What time did your pet receive medication today? _____
6. Is your pet treated for fleas? (type and last date given) _____
7. If your pet is ***not*** microchipped, would you like us to implant one today for $39.00? ..... ☐Yes ☐No
8. For our surgery patients under 8 years old, pre-anesthetic blood work is not required but we recommend it to identify "at risk" patients. The risks of anesthesia increase with age, therefore, if your pet is 8 years or older, we do not recommend surgery without pre-anesthetic screening ☐Yes, I want the blood work for an additional $101 ☐No, I decline this blood work and am aware of the risks
9. If the doctor feels it is necessary due to your pet's age/health condition, your pet may be put on IV/SQ fluids.
10. 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 you may be charged for additional pain relief medications and/or antibiotics upon discharge. In addition, Xray imaging is performed on all dental patients for a fee of $30.

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/Credit Card □ Cash □ Care Credit Account

Signature _____ Date _____

Updated & Scanned ☐ _____ (initials)