



**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 \$45.00? ..... 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 \$111.00 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 \_\_\_\_\_