

ANIMAL CLINIC EAST
1640 E Isaacs Avenue ♦ Walla Walla ♦ WA ♦ 99362

ADMISSION & CONSENT FORM FOR SURGERY

Appointment Date _____

Client Name: _____
Client Address: _____
City, State, Zip Code: _____
Phone: _____
Email Address: _____
Email Reminders: Y / N (circle one)

Patient Name: _____
Dog _____ Cat _____ Other _____
Breed _____ Color _____
Spayed _____ Neutered _____ Intact _____
Age: _____ Weight: _____
Microchip#: _____

Daytime Name/Phone Number: (if different than above) _____

Procedure(s) to be performed today: _____

Medication(s): _____

Known adverse reactions to any medications: _____

1. 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 \$138 No, I decline this blood work and am aware of the risks.

2. Did your pet eat today?..... Yes No

3. Have you noticed any vomiting, diarrhea, and/or coughing during the past 7 days?..... Yes No

4. Does your pet have a history of allergic reactions or difficulty following anesthesia?..... Yes No

5. Is your pet on any additional medication? a) What type? b) How often? _____

6. What time did your pet receive medication today? _____

7. Is your pet treated for fleas? (type and last date given) _____

8. If your pet is *not* microchipped, would you like us to implant one today for \$58.00?..... Yes No

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. We offer post-op sedation to help keep pets calm and comfortable at home following a procedure. This is dispensed medication to be administered by you. Additional charges will apply. Would you like home sedation for your pet? Yes No

11. If your pet is not current on recommended and required **vaccinations**, I understand vaccinations will be administered today at the doctor's discretion _____ (initial)

12. 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.

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

Signature _____ Date _____

Hospital Use Only	Updated & Scanned <input type="checkbox"/> _____ (initials)
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