

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

**ADMISSION & CONSENT FORM FOR DENTISTRY**

Appointment Date

Client Name: <input type="text"/>	Patient Name: <input type="text"/>
Client Address: <input type="text"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/>
City, State, Zip Code: <input type="text"/>	Breed <input type="text"/> Color <input type="text"/>
Phone: <input type="text"/>	Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact <input type="checkbox"/>
Email Address: <input type="text"/>	Age: <input type="text"/> Weight: <input type="text"/>
Email Reminders: Yes <input type="checkbox"/> No <input type="checkbox"/> (check one)	Microchip#: <input type="text"/>

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 \$63.00? ..... 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. If your pet is not current on recommended and required **vaccinations**, I understand vaccinations will be administered today at the doctor's discretion  (initial)

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 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 \$85.**

**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

Updated  \_\_\_\_\_ (initials)