

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

MEDICAL ADMISSION FORM

Appointment Date: _____

Client Name: _____ Patient Name: _____

Client Address: _____ Dog: _____ Cat: _____ Other: _____

City, State, Zip Code: _____ Breed: _____ Color: _____

Phone: _____ Spayed: _____ Neutered: _____ Intact: _____

Email Address: _____ Age: _____ Weight: _____

Email Reminder: (*circle one*) Yes / No Microchip#: _____

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

Reason(s) pet is here:

How long has this been going on? _____

May we **sedate** your pet if the doctor deems it necessary? (**additional Fee applies**) Yes / No

May we perform **blood work/urine** analysis if the doctor deems it necessary?
(**add'l Fee applies**) Yes / No

May we perform **x-rays** if the doctor deems it necessary? (**additional Fee applies**) Yes / No

Please list all medications or supplements and when they were last given:

Did your pet have any medication today? Yes / No What time? _____

Does your pet go outdoors? Yes / No

Is your pet on **flea** medication? (type and last date given) _____

If my pet is found to have transmissible conditions (such as fleas, ticks, ear mites) I give my permission for treatment. (For the protection of all, the patient cannot be admitted without this permission)
(**additional Fees apply**) Yes _____ (**initial**)

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

What brand of **food** do you feed? _____ Grain free? Yes / No

Have you observed any of the following in the past week?

_____ Change in activity	_____ Vomiting	_____ Straining to urinate
_____ Scooting	_____ Loss of appetite	_____ Increased urination
_____ Excessive drinking	_____ Coughing	_____ Shaking head/Scratching at ears
_____ Abnormal bowel movements	_____ Sneezing	

If your pet is **not** microchipped, would you like us to implant one today for \$63? Yes / No

Any additional questions or comments?

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: _____