

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

ADMISSION & CONSENT FORM FOR DENTISTRY

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*) _____

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 \$170

___ 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 treated for fleas? (type and last date given) _____

6. If your pet is **not microchipped**, would you like to implant a microchip today for \$63.00? Yes / No

7. If the doctor feels it is necessary due to your pet's age/health condition, your pet may be put on **IV/SQ fluids**.

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

9. 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/dental procedures; therefore, I give permission for the performance of any additional treatments necessary (including extractions) for the welfare of my pet. *We will make every effort to contact you prior to treatments and/or extractions.*

I understand that payment is due in full upon my pet's discharge.

Signature _____ Date _____