ANIMAL CLINIC EAST 1640 E Isaacs Avenue Walla Walla WA 99362

ADMISSION & CONSENT FORM FOR SURGERY

	Appointment Date:_				
Client Name:		Patient Name:			
Client Address:		Dog:	Cat:	Other:	
City, State, Zip Code:		Breed:		Color:	
Phone:	Spayed:	Neutered:	Intac	t:	
Email Address:		Age: _		_ Weight:	
Email Reminder: (circle o	one) Yes / No	Microchip#:		_	
Daytime Name/Phone Nu	ımber: (<i>if different t</i>	han above)			
Procedure(s) to be perform	med today:				
Medication(s):					
Known adverse reactions	to any medications:				
1. For our surgery patie recommend it to identify your pet is 8 years or old	y ''at risk'' patients	. The risks of anes	thesia inc	rease with age, the	refore, i
Yes, I want the blood v	work for an addition	al \$170			
No, I decline this bloo	d work and am awar	re of the risks.			
2. Did your pet eat today?	Yes / No				
3. Have you noticed any	vomiting, diarrhea, a	and/or coughing dur	ing the pas	st 7 days? Yes / No	
4. Does your pet have a h	istory of allergic rea	actions or difficulty	following	anesthesia? Yes / N	lo
5. Is your pet treated for f	leas? (type and last	date given)			
6. If your pet is not micro	ochipped, would yo	u like to implant a n	microchip	today for \$63.00? Y	es / No
7. If the doctor feels it is a	necessary due to you	ır pet's age/health co	ondition, y	our 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. 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
10. Would you prefer a buster collar (up to \$17) or a body suit (up to \$45) for your pet to wear for 2 weeks after surgery?