



**ANIMAL CLINIC OF WALLA WALLA**

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Walla Walla, WA 99362  
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**ADMISSION AND CONSENT FOR SURGERY AND DENTISTRY**

**Owner/Pet Name** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Procedure(s) to be performed:** \_\_\_\_\_

The clinic must have verification of your pet's vaccination status. If your pet's records are not already with our clinic, where may we obtain them? \_\_\_\_\_

If your pet is found to have transmissible conditions such as fleas, ticks, ear mites, or fungal infections, the clinic must treat such conditions to prevent spread to other patients. Admission of your pet to the hospital constitutes permission for treatment of such transmissible conditions and acceptance of financial responsibility for such treatment.

**Do you have any questions or concerns to discuss with the medical staff?** \_\_\_\_\_

**STATEMENT OF FINANCIAL AND MEDICAL RESPONSIBILITY**

I give my consent and accept financial responsibility for the above-listed procedure(s). Even though animals are given a pre-procedure exam, I understand that there are risks involved in the administration of general anesthesia and in performing all surgeries, and therefore I give my permission for treatment of unforeseen conditions which may arise during anesthesia, surgery, and recovery.

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

**My method of payment today will be:**

- Check       Credit or Debit Card       Cash       Existing Care Credit Account

Today's Telephone Number \_\_\_\_\_ Signature \_\_\_\_\_

**TO BE COMPLETED BY HOSPITAL STAFF:**

Has your pet eaten today?  Yes  No

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

Is your pet on any medication? What type and how often? \_\_\_\_\_

What time did your pet have medication today? \_\_\_\_\_

Does your pet have a history of allergic reactions to any medications?  Yes  No  Unknown

Has your pet been anesthetized in the past?  Yes  No  Unknown

Did your pet have any complications during or following the anesthesia?  Yes  No  Unknown

Describe: \_\_\_\_\_

May we perform pre-anesthesia bloodwork today?  Already Completed/Required  Elect  Decline

May we administer peri-operative fluids?  Required  Elect  Decline

Would you like to have your pet Microchipped  Elect  Decline

\_\_\_\_\_ Client Initials