



ANIMAL CLINIC OF WALLA WALLA

2089 Taumarson Road
Walla Walla, WA 99362
Phone (509) 525-6111 Fax (509) 525-6102
acww@pocketinet.com

Bret K. Smith, DVM
Lori C. Pritchett, DVM
Danielle B. Carey, DVM

HOSPITAL ADMISSION FORM

Today's Date _____ Pet/Animal Name: _____

Owner Name _____

Today's Telephone Number _____

Why is your pet here today? _____

How long has this condition persisted? _____

May we sedate your pet if necessary? Yes No

May we perform blood work if necessary? Yes No

May we take x-rays if necessary? Yes No

Is your pet on any medications? If so, what type and how often? _____

Did your pet have these medications today? If so, at what time? _____

Is your pet on flea medication? What type and when last given? _____

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.*

If vaccinations are not current, would you like to update them today? Yes No

When did your pet last eat? _____

Which of the following have you observed in the past week?

- _____ Change in activity (explain) _____
- _____ Loss of appetite (explain) _____
- _____ Excessive drinking (explain) _____
- _____ Abnormal bowel movements (explain) _____
- _____ Vomiting (explain) _____
- _____ Straining to urinate (explain) _____
- _____ Increased urination (explain) _____
- _____ Coughing (explain) _____
- _____ Sneezing (explain) _____

Any additional questions or comments? _____

STATEMENT OF FINANCIAL AND MEDICAL RESPONSIBILITY

I give my consent and accept financial responsibility for the procedure(s) performed today. 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 will be:

- Check Credit or Debit Card Cash Existing Care Credit Account

Signature