



**ANIMAL CLINIC OF WALLA WALLA**

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**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