Animal Clinic of Walla Walla

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Large Animal Form

Today's Date: _____   **Animal Name**: _____

Species: _____   Breed: _____

Owner(s) Name: _____

Today's Telephone Number: _____ Alt Number: _____

Why is your animal here today? _____

How long has this condition persisted? _____

May we sedate your animal if necessary?   □ Yes   □ No   May we place an IV Catheter?   □ Yes   □ No

May we perform bloodwork if necessary?   □ Yes   □ No   May we perform a fecal analysis   □ Yes   □ No

May we take x-rays if necessary?   □ Yes   □ No

Is your animal on any medications? If yes, what type and how often? _____
_____

Did this animal have these medications today? If yes, at what time(s)? _____

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

When did your animal 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) _____

_____ Straining to urinate/Increased urination (explain) _____

_____ Coughing (explain) _____

_____ Symptoms of Colic (explain/duration) _____

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 therefor 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 animal's discharge.

My method of payment will be: □ Credit/Debit Card   □ Check   □ Cash   □ Care Credit (existing)

_____ Signature