



**ANIMAL CLINIC EAST**  
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## **ADMISSION AND CONSENT FORM FOR SURGERY AND DENTISTRY**

Owner/Pet Name: \_\_\_\_\_ Date: \_\_\_\_\_

Procedures to be performed: \_\_\_\_\_

1. To your knowledge, are your pet's vaccinations current? .....  Yes  No
2. Did your pet eat today? .....  Yes  No
3. Have you noticed any vomiting, diarrhea, and/or coughing during the past 7 days?.....  Yes  No
4. Is your pet on any medication? What type & how often? \_\_\_\_\_
5. What time did your pet have medication today? \_\_\_\_\_
6. Does your pet have a history of allergic reactions or difficulty following anesthesia?.....  Yes  No
7. For the health of our geriatric patients, all patients over 8 years old will automatically receive and be charged for pre-anesthetic blood-work. If you wish to decline, please initial here \_\_\_\_\_
8. Our doctors highly recommend a pre-anesthetic blood screen to help identify patients "at risk" for anesthesia complications and establish a blood chemistry baseline. Would you like us to check your pets blood-work today for an additional charge?  Yes  No
9. If my pet is found to have any transmissible conditions (such as fleas, ticks, ear mites, or fungal infections) I give my permission for treatment. (Animals cannot be admitted to the clinic without this permission). Please initial here \_\_\_\_\_
10. Would you like your pet microchipped today? .....  Yes  No
11. Are there any questions or concerns you have for the veterinarian? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** We are committed to the practice of high quality medicine, therefore your pet may be prescribed and charged for additional pain relief medications upon discharge.

### **Statement of Financial and Medical Responsibility:**

I hereby give my consent and accept financial responsibility for the above listed procedure(s) to be performed. 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, therefore I give permission for the performance of any additional treatments necessary for the welfare of my pet.

**I understand that payment is due in full upon the animal's discharge.**

\_\_\_\_\_  
Daytime Phone Number(s)

\_\_\_\_\_  
Signature