



**Potlatch Veterinary Clinic**  
 240 6th Street  
 Potlatch, Idaho, 83855  
 Ph 208-875-4838  
 Email office@potlatchvetclinic.com

Client Details		Patient Details	
Name		Name	
Address		Species	
		Breed & Color	
		Age	
Phone(s)		Sex	

### **Admit Appointment Consent Form**

**Please verify information above.**

**After Examination:** Please select one option below

1.  Call with diagnostic examination (\$72.00) findings and estimate

I can be reached today at the following number

An alternative phone number:

2. Potlatch Veterinary Clinic has the approval to perform diagnostics **prior to calling** such as:

Blood work: After initial examination, pending the doctor discretion, blood work can cost between: \$115.00 - \$200.00

Radiographs: \$115.00-\$150.00

Fecal Analysis: \$35.00-\$50.00

Urinalysis with ultrasound guided collection: \$65.00

**History:**

1. Please describe your pet's clinical signs, including any changes in the clinical signs over the duration of the problem:

2. How long has this issue(s) been occurring? Has this issue(s) occurred prior?

3. Has your pet been eating normally?

4. What does your pet's normal diet consist of (kibble, treats, etc.)? Have there been any recent changes?

5. When was the last time your pet ate?

6. Has your pet been drinking normally?

7. Does your pet have any previous conditions, problems, or surgeries?
8. a. Is your pet on any medications?  
b. Supplements?  
c. Over the counter medications?  
d. If so, when were they last given?
9. What is your pet's lifestyle (indoor/outdoor/both)? Any recent travel history within the last 6 months?
10. Any coughing? Sneezing? Vomiting? Diarrhea?
11. Any known allergens or previous reactions?
12. What is your pet's vaccination history?
13. Any previous medical records that should be acquired?

**Please review and initial all statements below:**

A staff member has gone over my pet's history. The admit procedure has been explained to me. I understand my pet has been triaged and will be addressed in accordance with level of urgency. I will be contacted when a veterinarian has fully examined my pet.

If fleas are found on my pet, they will be treated with a 24-hour preventative that ranges between \$10-40.

If any complications arise, I will not hold the doctors or any support staff at Potlatch Veterinary Clinic responsible.

I am the owner of this animal and hereby am authorized to sign this release.

I understand that all services rendered will be due prior to the discharge of the patient with cash, check, Visa, Mastercard, Care Credit, etc.

I hereby allow the doctors at Potlatch Veterinary Clinic to perform an initial \$72.00 diagnostic examination on my pet as stated above and will leave a down payment of \$72.00 prior to admitting my pet.

Name (Printed):

**Owner's Signature:**

**Date:**

