



Date _____

Have you or anyone in your household have/had or have been exposed to anyone with Covid 19 ?

(We can still see your pet if you answer yes to this, It will just allow the staff to take extra precautions)

-
- WCVCH staff have not been ill or had any Covid 19 exposure

Client Name _____

Phone number Where the Doctor can reach you during your appointment

Address _____

Pet Name _____

Reason for Visit _____

Symptoms if any _____

Last time the symptom occurred _____

If vomiting or diarrhea amount (small or large-be specific)

Current medications(including preventatives and supplements)

Do you need any medications refilled today? _____

Questions or concerns

I, the undersigned, do hereby certify that I am the owner or agent of _____. I authorize Dr. Eric Molina, and the staff of West Coast Veterinary Clinic complete authority to perform procedures including, anesthesia, surgery, diagnostics, dentistry (including extractions), and any additional diagnostic procedure, or treatment that are needed to promote the patient's well being, and or help with their medical conditions. I understand that Dr. Molina and his staff will use all expected precautions against injury, escape or death of my pet. I also understand that all sedation/anesthesia involves some risk and in rare cases death. I release Dr. Eric Molina, and his staff, and West Coast Veterinary Clinic from any and all liability arising from said anesthesia, surgery or procedure involving _____.

Signature _____

PLEASE STAY IN YOUR VEHICLE IN THE PARKING SPOT WHERE WE PICKED UP YOUR PET