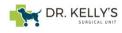
| WEIGHT: |  |
|---------|--|
| KENNEL: |  |

Staff use only



## **Dental/Other Check in Form**

| Pet's Name:  | Owner Name:  | When did your pet last eat?   |
|--|--|---|
| Are you the owner of this pet? YES   | FOSTER NO  | ► IF NO, what is your relationship to the owner   |
| What's the best phone number(s) to call  | : NAME   | PHONE   |
| How far away do you live?  | NAME   | PHONE   |
| minutes  | EMAIL  | Staff use: Post-op instructions emailed   |
| Please list any current medications and la   | ast time given:  |   |
| Do you have any concerns about your pe   |  | ent vomiting, diarrhea, weight loss, coughing, sneezing, increased thirst or urination  |
|  | edge that my pet is health<br>pet to receive full mouth  | y, and I have no medical concerns about them today.<br>dental X-Rays \$250  |
| <ul> <li>If extractions or minor der</li> </ul>  | ntal surgery is found nee  | eded during my pets cleaning, I authorize one of the following  |
| Proceed with whatever is   | needed within the estima   | ite I was given. ESTIMATE AMOUNT \$   |
| Please attempt to contact  | me if extractions are nee  | ded but proceed if I am unavailable. <b>DO <u>NOT</u> EXCEED over \$</b><br><b>more than the original estimate.</b>   |
| OTHER SURGERY: I acknowledg  | e that my pet is healthy, a  | and I have no medical concerns about them today.  |
|  | •  | cal Blood Testing*<br>e read carefully  |
| detected unless blood testing is perfor  | med. These disorders cou<br>to ANY surgical procedure  | ny conditions, including disorders of the liver, kidneys, or blood are not<br>Id lead to unforeseen complications during the procedure; therefore, we<br>e. We do <b><u>REQUIRE</u></b> blood testing for pets 10 years and older or whenever<br>s it necessary prior to surgery.   |
| My pet is <u>UNDER 10 years</u> of age with no k   | now pre-existing conditions,   | I understand the risks associated with the procedure, and decline blood testing.  |
| My pet <u>HAS HAD blood testing prior to this</u>  | <u>appointment</u> , I have been i   | nformed of the results and told it is ok to move forward with today's procedure.  |
| today's procedure(s) and have had the o<br>complications may arise during surgery, a<br>Kelly's Surgical Unit is not responsible for | am to provide veterinary<br>pportunity to ask questio<br>and no guarantees have b<br>or any costs that may com | <b>CAL CONSENT</b><br>medical, surgical, and/or dental care to my pet. I understand the nature of<br>ns pertaining to possible side effects, risks, and difficulties. I am aware that<br>een made or implied concerning the results of the surgery. I understand Dr.<br>he as a result of surgical complications. I acknowledge I have read and fully<br>ree to proceed with the scheduled surgery today. |
| Signature:   |  | Date:   |
| Would you be willing to provide a s  |  | nation? Donations provided to Pal Fund are used to subsidize and<br>GICAL care for pets in need.  |
| Voluntary donation to help pets i  | in need 🔲 \$5  | □\$10 □\$15 □\$20 OTHER\$   |
|  | ] Microchip \$43 🛛   | Anal Glands \$25 □ Ear Cleaning \$27 □ Ear Plucking \$25<br>r W/Fluids \$91 □ Antinausea Injection \$27   |
| DOG Vaccines: 🗌 Rabies \$32 🔲 Bord   | detella \$35 🔲 Da2PP \$42  | 2 🗖 Da2pp W/ Lepto \$45 🗍 Influenza \$65 🗍 Heartworm 4DX Testing \$49   |
| CAT Vaccines: C Rabies \$32 FVR  | CP \$37 🔲 COMBO Vaccir   | e (FELV W/FVRCP) \$47 🔲 Blood Test for FELV/FIV \$49  |