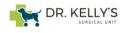
WEIGHT:	
KENNEL:	

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 pet to receive full mouth	y, and I have no medical concerns about them today. dental X-Rays \$250
 If extractions or minor der 	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. DO <u>NOT</u> EXCEED over \$ more than the original estimate.
OTHER SURGERY: I acknowledg	e that my pet is healthy, a	and I have no medical concerns about them today.
	•	cal Blood Testing* e read carefully
detected unless blood testing is perfor	med. These disorders cou to ANY surgical procedure	ny conditions, including disorders of the liver, kidneys, or blood are not Id lead to unforeseen complications during the procedure; therefore, we e. We do <u>REQUIRE</u> blood testing for pets 10 years and older or whenever 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 complications may arise during surgery, a Kelly's Surgical Unit is not responsible for	am to provide veterinary pportunity to ask questio and no guarantees have b or any costs that may com	CAL CONSENT medical, surgical, and/or dental care to my pet. I understand the nature of ns pertaining to possible side effects, risks, and difficulties. I am aware that een made or implied concerning the results of the surgery. I understand Dr. he as a result of surgical complications. I acknowledge I have read and fully 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 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 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