

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 _____

Please list any current medications and last time given: _____

Do you have any concerns about your pet today? _____

Examples: recent vomiting, diarrhea, weight loss, coughing, sneezing, increased thirst or urination

_____ **DENTAL CLEANING:** I acknowledge that my pet is healthy, and I have no medical concerns about them today.

initial

❖ If extractions or minor dental surgery is found needed during my pets cleaning, I authorize one of the following...

_____ Proceed with whatever is needed within the estimate I was given. **ESTIMATE AMOUNT \$** _____

_____ Please attempt to contact me if extractions are needed but proceed if I am unavailable. **DO NOT EXCEED over \$** _____
more than the original estimate.

_____ **OTHER SURGERY:** I acknowledge that my pet is healthy, and I have no medical concerns about them today.

initial

Pre-Surgical Blood Testing

Please read carefully

Prior to surgery, our team will examine your pet. However, many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. These disorders could lead to unforeseen complications during the procedure; therefore, we strongly recommend blood work prior to ANY surgical procedure. We do **REQUIRE** blood testing for pets 10 years and older or whenever the doctor determines it necessary prior to surgery.

_____ My pet is UNDER 10 years of age with no know pre-existing conditions, I understand the risks associated with the procedure, and decline blood testing.

_____ My pet HAS HAD blood testing prior to this appointment, I have been informed of the results and told it is ok to move forward with today's procedure.

SURGICAL CONSENT

I hereby authorize Dr. Kelly's Surgical Team to provide veterinary medical, surgical, and/or dental care to my pet. I understand the nature of today's procedure(s) and have had the opportunity to ask questions pertaining to possible side effects, risks, and difficulties. I am aware that complications may arise during surgery, and no guarantees have been made or implied concerning the results of the surgery. I understand Dr. Kelly's Surgical Unit is not responsible for any costs that may come as a result of surgical complications. I acknowledge I have read and fully understand this Surgical Consent and agree to proceed with the scheduled surgery today.

Signature: _____ Date: _____

Would you be willing to provide a small tax-deductible donation? Donations provided to Pal Fund are used to subsidize and provide FREE SURGICAL care for pets in need.

Voluntary donation to help pets in need \$5 \$10 \$15 \$20 OTHER \$ _____

EXTRA'S: Full mouth Nail Trim \$5 Anal Glands \$25 Microchip \$43 Ear Cleaning \$27 Ear Plucking \$25
 Dental X-Rays \$150 Sedatives \$30+ IV Catheter W/Fluids \$91 Antinausea Injection \$27

DOG Vaccines: Rabies \$32 Bordetella \$35 Da2PP \$42 Da2pp W/ Lepto \$45 Influenza \$65 Heartworm 4DX Testing \$49

CAT Vaccines: Rabies \$32 FVRCP \$37 COMBO Vaccine (FELV W/FVRCP) \$47 Blood Test for FELV/FIV \$49