Owner's Name		Pet's Name	Date
Phone numbers where	you can be reached too	lay	
1)	2)	3)	
Spay - Dogs, rec	ent heat cycle?Y	es No <mark> Neuter</mark>	Dental
Mass Removal	- Would you like to l	piopsy the Mass? Ye	rs No
Other Surgery			
Food eaten since mi	dnight?Yes	No	
			lea control to your pet at cost to the er pets that may be exposed as a result.
			f the animal will allow. If the pet is n exam fee even if surgery isn't
		equipped to handle MC cretion of, and at cost to	OST emergencies but in rare cases have to the owner.
Any obviously disease	sed teeth will be extr are available at som	acted. Items such bone	fluoride treatment will be performed. grafting, digital radiography and more es. If you are interested in these we would
Recommended: Only	initial if you want the	ese services. <u>*Package pr</u>	ricing for multiple diagnostics*
Yes No - Wou	ld you like to MICR	OCHIP your pet? \$35 y	with a surgical procedure
	_	-	s before anesthesia. Diseases like d effect surgical risk and recovery. \$57.
number the time it ta	kes for a clot to form	n. The PTT assesses the	lity to form blood clots. It measures the amount and the function of certain lood clot formation. \$46
		nat measures a cardiac p Fore they show any sign	orotein (ProBNP). This test diagnoses s or symptoms. \$37

Please complete reverse side →

Wellness items for Dogs:
Yes No - Rabies - \$18.00
Yes No - DHPP - \$23.00
Yes No - Leptospirosis - \$21.00 or *\$6 when paired with DHPP 1yr
Yes No - Lyme - \$33.00
Yes No - Bordetella - \$22.50
Yes No - Heartworm Test w/Tick Profile - \$41.00
Wellness items for Cats:
Yes No - Rabies - \$18.00
Yes No - PureVax Rabies - \$25.00
Yes No - FVRCP - \$21.00
Yes No - FELV - \$28.00
Yes No - Felv/Fiv Test - \$34.00
Additional comments, questions, or concerns
I am the owner or authorized agent of the pet listed above. I consent to and authorize Pet Health Clinic to perform diagnostic, therapeutic, anesthetic and surgical procedures as necessary and advisable for the treatment and maintenance of my pet's wellbeing. While I expect all procedures to be performed to the best of the abilities of the staff, I understand no guarantee as to the outcome or results of any treatment can be given. If I am unable to be reached with reasonable effort I consent and authorize the doctor to proceed with treatment for the health of my pet. I expect reasonable precautions will be used to ensure my pet's safety and well-being while under the care of Pet Health Clinic. I understand that with any procedure there are risks which may not be predicted and I accept these risks, inclusive of my pet's death. I understand these risks exist during the course of any medical care.
Owner/Agent Date
Printed Name