

Your Pet
Mixed

Sex:
5 years
01-08-17

Estimates, Client &
940 Sutton Place
Liberty, MO 64068
Hm: 816-781-4595 Wk:
Cell:
Email:

Patient ID # 3594	Appt:
Date:	TI:
Previous Weight: 40.00	Today's Weight:
Mode of Payment:	

☐ Room 1 ☐ Room 2 ☐ Room 3 ☐ Room 4 ☐ Mask ☐ NO-mask

☐ Curb #1 ☐ Curb #2 ☐ Curb #3 ☐ _____ PCA: _____

Treatment	Why Is This Important?	Price	Needs	Decline
Physical Exam	Required yearly by state to treat or prescribe for your pet. A nose to tail exam is the best way to ensure your pet's health.	60.00		
Rabies Vaccination	Required by state to be given by a licensed veterinarian. Rabies is fatal to pets and people.	25.00		
Rabies Tag	Proof of rabies vaccination on years vaccine not given	0.00		
FVRCP Vaccine	Protects against a combination of common feline diseases.	25.00		
Calicivirus Vaccine	Protects against a very contagious disease that is easily spread.	25.00		
Leukemia Vaccine	Protects against a usually fatal disease spread by other cats.	25.00		
Intestinal Parasite Exam including Giardia test	Screens for intestinal parasites that can cause disease including severe diarrhea in people, and blindness in children.	69.00		
Leukemia/FIV test	Screens for contagious, serious feline diseases	55.00		
Wellness Blood Test	Detects early signs of organ dysfunction with a blood test. >4 y	199.50		
Urinalysis	Checks for infections, stones, cancer, and kidney disease >4 yr	65.00		
Parasite Protection	Prevents intestinal parasites, heartworm disease and fleas			
Revolution Plus	Best All Around, HW, FLEA, TICK, MITES, Round/Hooks	-\$20/m		
MilbeGuard	Best Value for HW, Round/Hooks, Monthly pill	-\$5/m		
Seresto collar	Best Value for FLEA and TICK	-\$9/m		

All medical procedures including but not limited to surgery, anesthesia, vaccinations and medications have risks and can cause adverse reactions. By signing this form I am acknowledging that the risks of the above procedures have been explained to my satisfaction. Therefore, I consent and agree to pay for all surgical and medical treatment necessary to treat and care for Your Pet during his visit.

Payment is required at the time of service. CareCredit is available, subject to credit approval. (www.carecredit.com)

Owner Signature: _____ Date: _____ Technician: _____